

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 07 13 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120622.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	122462.00									
(c) Total Receipts (from Line 19)	61046.00	103833.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	183508.00	224455.62								
7. Total Disbursements (from Line 31)	44935.00	86882.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	138573.00	137573.00								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology Professional Association 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)	40415.00	68551.00
(ii) Unitemized	20631.00	30335.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	61046.00	98886.00
(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)	61046.00	98886.00
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	4947.62
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))	61046.00	103833.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61046.00	103833.62

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	500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	81500.00
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	435.00	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))	435.00	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))..	44935.00	86882.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44935.00	86882.62

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61046.00	98886.00
34. Total Contribution Refunds (from Line 28(d))	435.00	435.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60611.00	98451.00
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 / 49
(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

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. Jennifer J. Majersik		Date of Receipt MM / DD / YYYY 04 / 01 / 2010
Mailing Address 175 N Medical Center Drive 3rd Floor		Transaction ID: 31547646
City Salt Lake City	State UT	Zip Code 84132-5901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Utah	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address 4008 Muskogee Ave		Transaction ID: 31571425
City Des Moines	State IA	Zip Code 50312-4627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.00	

C.

Full Name (Last, First, Middle Initial) Dr. John R. Wilson		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address 675 W North Ave Ste 608 Neurology Clinical Neurophysiology		Transaction ID: 31572999
City Melrose Park	State IL	Zip Code 60160-1627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RLT Neurologic Associates, Ltd	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)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 49
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Robert A. Gross</p> <p>Mailing Address Department of Neurology 601 Elmwood Avenue Box 673</p> <p>City State Zip Code Rochester NY 14642-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Rochester Neurologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2010</p> <p>Transaction ID: 31582016</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Elliott A. Schulman</p> <p>Mailing Address 616 Greythorne Rd</p> <p>City State Zip Code Wynnewood PA 19096-2509</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lankenau Hospital and Lan- kenau Institu Neurologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2010</p> <p>Transaction ID: 31582028</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier</p> <p>Mailing Address 220 W. Second Street Apartment 2409</p> <p>City State Zip Code Kansas City MO 64105-2175</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of IL at Chica- go Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2010</p> <p>Transaction ID: 31582038</p> <p>Amount of Each Receipt this Period 500.00</p>
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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: PAGE 8 / 49
(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. Herman J. Dick, Jr.
 Mailing Address 2204 Eastland Dr
 City State Zip Code
 Bloomington IL 61704-3566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 McLean County Neurology, SC Neurologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 1 0
Transaction ID: 31582045
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Joel M. Kaufman
 Mailing Address 6 Fenimore Road
 City State Zip Code
 Worcester MA 01609-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lifespan Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 1 0
Transaction ID: 31582051
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joel M. Kaufman
 Mailing Address 6 Fenimore Road
 City State Zip Code
 Worcester MA 01609-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lifespan Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 1 0
Transaction ID: 31582083
 Amount of Each Receipt this Period
 100.00

Reimbursed on 4/26/2010

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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 / 49
(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. Marc Raphaelson

Mailing Address 107 Royal St SW Ste G

City Leesburg State VA Zip Code 20175-2913

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: 04 / 15 / 2010
Transaction ID: 31608301
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Benjamin R. Brooks

Mailing Address 1010 Edgehill Rd N
Carolinas Medical Center

City Charlotte State NC Zip Code 28207-1885

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

Name of Employer Carolinas Neuromuscular/A-Is Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 31608382
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Oscar Mendez

Mailing Address 1770 Claybrook Point Circle

City Brentwood State TN Zip Code 37027

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

Name of Employer St Thomas Neurology Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 31608771
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: PAGE 10 / 49
(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 J. Weiner

Mailing Address 3704 N. Charles St.
#901

City Baltimore State MD Zip Code 21218-2305

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

Name of Employer University of Maryland School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2010
Transaction ID: 31608972
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Pawan Kumar Jain

Mailing Address 5545 Remington Rd

City Las Cruces State NM Zip Code 88011-2524

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

Name of Employer Pawan Jain, M.D., P.C. Neurology Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 15 / 2010
Transaction ID: 31609050
Amount of Each Receipt this Period 300.00

C.

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

Mailing Address 55 Grace Church Street

City Rye State NY Zip Code 10580-3926

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

Name of Employer The Neurological Institute of NY Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2010
Transaction ID: 31609198
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 11 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. David J. Walsh

Mailing Address 1815 J Boulder Springs Dr.

City State Zip Code
Saint Louis MO 63146

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

Name of Employer
MACC Fund Research Building

Occupation
Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 31609402

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark A. Kozinn

Mailing Address 3537 Knollwood Dr NW

City State Zip Code
Atlanta GA 30305-1021

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 31609505

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Matthew J. Murnane

Mailing Address 47 New Scotland Ave
MC-70, Dept of Neurology

City State Zip Code
Albany NY 12208-3479

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

Name of Employer
Albany Medical College

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 31609779

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 49
(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. Constantine Moschonas

Mailing Address 9746 N 90th PI Ste 203

City State Zip Code
Scottsdale AZ 85258-5085

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

Name of Employer Four Peaks 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 Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31610042

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael A. Williams

Mailing Address 1029 Pier Pointe Landing

City State Zip Code
Baltimore MD 21230-3975

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

Name of Employer LifeBridge Health Brain & Spine Instit 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 Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31610187

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 7994 Everglades Drive

City State Zip Code
Manlius NY 13104-8501

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

Name of Employer SUNY Upstate Medical University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31611214

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 49
(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. Laura B. Powers

Mailing Address 5629 Tazewell Pike

City State Zip Code
Knoxville TN 37918-9264

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

Name of Employer Self/ Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 31611663
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lisa M. Shulman

Mailing Address 110 S Paca St Fl 3
Dept of Neurology RM: 3-S-127

City State Zip Code
Baltimore MD 21201-1642

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

Name of Employer U of MD At Baltimore Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 31611766
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sandra F. Olson

Mailing Address 220 E Walton Pl Apt 6W

City State Zip Code
Chicago IL 60611-1649

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 ▼ 1000.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 31614184
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49
(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. Kavita M. Grover

Mailing Address 5222 Royal Vale Lane

City Dearborn State MI Zip Code 48126-4302

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

Name of Employer Henry Ford Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 31624819

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Martin A. Samuels

Mailing Address 75 Francis St
Department of Neurology

City Boston State MA Zip Code 02115-6110

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

Name of Employer Brigham and Womens Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 31624958

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas GianCarlo

Mailing Address 34025 Harper Ave

City Clinton Township State MI Zip Code 48035-3737

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

Name of Employer Henry Ford Medical Center; Michigan Ne Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 31625178

Amount of Each Receipt this Period 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: PAGE 15 / 49
(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. Jack W. Tsao

Mailing Address 9211 Bardon Rd

City State Zip Code
Bethesda MD 20814-2858

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

Name of Employer Department of Defense Occupation Neurologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: 31625355
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan H. Kurland

Mailing Address 2 Boulder Ln

City State Zip Code
Sharon MA 02067-3034

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

Name of Employer Self Occupation Neurologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: 31625494
 Amount of Each Receipt this Period
 500.00

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

Mailing Address 806 Timber Hill Road

City State Zip Code
Highland Park IL 60035-5121

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

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

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: 31625807
 Amount of Each Receipt this Period
 500.00

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 16 / 49

(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. Mark S. Yerby

Mailing Address 1233 SW 57th Avenue

City State Zip Code
Portland OR 97221-2507

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

Name of Employer
North Pacific Epilepsy Re-
search

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31626145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Neil A. Busis

Mailing Address 6934 Rosewood Street

City State Zip Code
Pittsburgh PA 15208-2639

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

Name of Employer
Pittsburgh Neurology Ctr.

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31626263

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

Name of Employer
Cleveland Clinic

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31628828

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 49
(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. Elizabeth Minto

Mailing Address 553 N. Mobile Street

City State Zip Code
Fairhope AL 36608-1199

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 31628946

Amount of Each Receipt this Period
100.00

B. 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 Occupation
Univ. of FL Dept. of Neurology Behavioral Neurology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 31629061

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Clay Goodman

Mailing Address 2520 Robinhood #1608

City State Zip Code
Houston TX 77005-2561

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

Name of Employer Occupation
Baylor Medical School Physician

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: 31641875

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1185.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 49

(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. Wesley D. Dennis

Mailing Address 2914 Mistletoe Court

City State Zip Code
Pantego TX 76013-3205

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

Name of Employer Occupation
Arlington Sleep Disorders Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 31642060

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter D. Donofrio

Mailing Address 1708 Linden Avenue

City State Zip Code
Nashville TN 37212-5112

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

Name of Employer Occupation
Vanderbilt University Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 31642077

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen G. Vincent

Mailing Address 155 Whisper Cove

City State Zip Code
Idaho Falls ID 83404-7407

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

Name of Employer Occupation
Eastern Idaho Neurology Assoc Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 31642079

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 49
(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. Stanley Fahn		Date of Receipt
Mailing Address 710 W 168th St H. Houston Merrit Professor of Neu		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
City State Zip Code New York NY 10032-3726		Transaction ID: 31642083
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer Neurological Institute	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Julio A. Calcano		Date of Receipt
Mailing Address PMB 119 HC 01 Box 29030		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
City State Zip Code Caguas PR 00726-4900		Transaction ID: 31642087
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Daniel Tarsy		Date of Receipt
Mailing Address 330 Brookline Ave KS 228		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 5 / 2 0 1 0
City State Zip Code Boston MA 02215-5400		Transaction ID: 31642102
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer Beth Israel Deaconess Med Ctr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 49
(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. Kathy L. Gardner

Mailing Address 3500 Terrace St
S-514 Biomed Science Tower

City Pittsburgh State PA Zip Code 15213-2500

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

Name of Employer Veterans Admin. 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
0	4	/	1	5	/	2	0	1	0

Transaction ID: 31642103

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Marc R. Nuwer

Mailing Address 711 Haverford Ave

City Pacific Palisades State CA Zip Code 90272-4313

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

Name of Employer UCLA Dept. of Clinical Neurophysiology 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
0	4	/	1	5	/	2	0	1	0

Transaction ID: 31642106

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jonathan P. Hosey

Mailing Address 100 N Academy Ave
Neurology Dept, MC14-05

City Danville State PA Zip Code 17822-0001

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

Name of Employer Geisinger Medical Center 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
0	4	/	1	5	/	2	0	1	0

Transaction ID: 31642109

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)

Dr. James F. Selwa

Mailing Address 2044 Valleyview Dr

City State Zip Code
Ann Arbor MI 48105-9588

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

Name of Employer Occupation
Wayne State Univ. Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31642110

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Allison Brashear

Mailing Address 208 Hadley Ct

City State Zip Code
Winston Salem NC 27106-4489

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

Name of Employer Occupation
Wake Forest Neurologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: 31655807

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David S. Saperstein

Mailing Address 5090 N 40th St Ste 250

City State Zip Code
Phoenix AZ 85018-2134

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

Name of Employer Occupation
Phoenix Neurological Associates Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: 31655882

Amount of Each Receipt this Period

250.00

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: PAGE 22 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas R. Swift

Mailing Address 1120 15th St
Dept of Neurology, Rm B13078

City Augusta State GA Zip Code 30912-0004

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

Name of Employer Medical College of Georgia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: 31656599

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Elaine Knaus

Mailing Address 165 Duke St

City Saint Paul State MN Zip Code 55102-2903

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

Name of Employer AAN Occupation Finance Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31656619

Amount of Each Receipt this Period
235.00

C.

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

Mailing Address Dept of Neurology
601 Elmwood Ave Box 673

City Rochester State NY Zip Code 14642-0001

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

Name of Employer University of Rochester Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: 31656841

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **785.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 49
(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. William C. Davison

Mailing Address 922 Seminole Rd

City State Zip Code
Wilmette IL 60091-1223

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 ▼ 300.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: 31656855
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Dr. John D. England

Mailing Address 4 Kinder Lane

City State Zip Code
River Ridge LA 70123-2061

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

Name of Employer LSUHSC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: 31657192
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Roger N. Rosenberg

Mailing Address 5323 Harry Hines Blvd
UT Southwestern Med Ctr

City State Zip Code
Dallas TX 75390-7208

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

Name of Employer Univ of Texas Southwestern Med Ctr Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2010
Transaction ID: 31657194
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Tetsuo Ashizawa		Date of Receipt MM / DD / YYYY 04 / 20 / 2010	
Mailing Address 6618 SW 100th Lane		Transaction ID: 31657200	
City Gainesville	State FL	Zip Code 32608-6383	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) Dr. Susan B. Bressman		Date of Receipt MM / DD / YYYY 04 / 20 / 2010	
Mailing Address 435 Lewelen Cir		Transaction ID: 31657308	
City Englewood	State NJ	Zip Code 07631-2024	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Philip Ambulatory Care Center, Beth Is	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Dr. Carmel Armon		Date of Receipt MM / DD / YYYY 04 / 20 / 2010	
Mailing Address 99 Pinewood Drive		Transaction ID: 31657337	
City Longmeadow	State MA	Zip Code 01106-1639	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baystate Medical Center	Occupation Chief of Neurology		
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)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 49

(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. Lisa M. DeAngelis

Mailing Address 400 East 56th Street
Apt 23N

City State Zip Code
New York NY 10022-4339

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

Name of Employer
Memorial Sloan Kettering
Cancer Center

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
0	4		2	0		2	0	1	0

Transaction ID: 31657376

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Briseida E. Feliciano-astacio

Mailing Address V28 Ave Luis Munoz Marin
Neoera Medical

City State Zip Code
Caguas PR 00725-6462

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

Name of Employer
Neoera Medical

Occupation
Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 31657420

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 4008 Muskogee Ave

City State Zip Code
Des Moines IA 50312-4627

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

Name of Employer
Iowa Health Physicians

Occupation
Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Transaction ID: 31668396

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 49
(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. Bruce Sigsbee

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2010
Transaction ID: 31668398
Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 4929 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 ▼ 250.00

Date of Receipt 05 / 03 / 2010
Transaction ID: 31679343
Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ted M. Burns

Mailing Address 1943 Lewis Mountain Rd

City Charlottesville State VA Zip Code 22903-2412

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

Name of Employer University Of Virginia Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2010
Transaction ID: 31700643
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 49

(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. Linda A. Hershey

Mailing Address 367 Lebrun Rd

City State Zip Code
Amherst NY 14226-4130

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

Name of Employer Occupation
VAMC & U at Buffalo Physician

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

Date of Receipt

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

Transaction ID: 31700647

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Gruenthal

Mailing Address 47 New Scotland Ave
Neurology Dept MC70

City State Zip Code
Albany NY 12208-3479

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

Name of Employer Occupation
Albany Medical College Neurologist

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

Date of Receipt

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

Transaction ID: 31700651

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sanjeevi C. Tivakaran

Mailing Address 2400 Hospital Dr Ste 310

City State Zip Code
Bossier City LA 71111-2387

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

Name of Employer Occupation
WK Bossier Health Ctr Neurologist

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

Date of Receipt

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

Transaction ID: 31700711

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49
(check only one)

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

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

A.

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

Mailing Address 1213 Hermann Dr Ste 745

City State Zip Code
Houston TX 77004-7589

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 31766080

Amount of Each Receipt this Period
100.00

B.

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 31766209

Amount of Each Receipt this Period
85.00

C.

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

Mailing Address 553 N. Mobile Street

City State Zip Code
Fairhope AL 36608-1199

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 31766376

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 49
(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. Bruce H. Cohen

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 31766638

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 100 Rice Mine Loop Road Suite 301

City State Zip Code
Tuscaloosa AL 35406-1822

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 31766757

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1222 Arch St. #101

City State Zip Code
Philadelphia PA 19107-2826

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

Name of Employer Jefferson Headache Center Occupation Fellow

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: 31819588

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 49
(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. Todd J. Janus

Mailing Address 4008 Muskogee Ave

City State Zip Code
Des Moines IA 50312-4627

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

Name of Employer Occupation
Iowa Health Physicians Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: 31819687

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1199 Sennebec Rd

City State Zip Code
Union ME 04862-4628

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

Name of Employer Occupation
Penobscot Bay Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: 31819740

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 212 Bay Spring Ave

City State Zip Code
Barrington RI 02806-1332

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: 31819824

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 49
(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. Joseph Kass

Mailing Address 4929 Valerie

City State Zip Code
Bellaire TX 77401-5707

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

Name of Employer Occupation
Baylor College of Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2010

Transaction ID: 31823409

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 5121 Cleveland PI

City State Zip Code
Metairie LA 70003-1056

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

Name of Employer Occupation
LSU Healthcare Network NE-U/NSG Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2010

Transaction ID: 31845922

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robin L. Brey

Mailing Address 13618 Bluff Circle

City State Zip Code
San Antonio TX 78216-1902

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

Name of Employer Occupation
University Texas Health Science Center 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
06 / 08 / 2010

Transaction ID: 31845924

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 49

(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. Corey C. Ford		Date of Receipt MM / DD / YYYY 06 / 09 / 2010		
	Mailing Address 14017 Wind Mountain Rd, NE		Transaction ID: 31845971		
	City Albuquerque	State NM	Zip Code 87112-6562	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of NM Health Science Center	Occupation Neurologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. John C. Morris		Date of Receipt MM / DD / YYYY 06 / 08 / 2010		
	Mailing Address 8032 Orlando		Transaction ID: 31856226		
	City Saint Louis	State MO	Zip Code 63105-2543	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington University School of Medicine	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Leo R. Germin		Date of Receipt MM / DD / YYYY 06 / 14 / 2010		
	Mailing Address 1691 W Horizon Ridge Pkwy		Transaction ID: 31875393		
	City Henderson	State NV	Zip Code 89012-3494	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clinical Neurology Specialists	Occupation Neurologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: PAGE 33 / 49
(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. Lily Jung

Mailing Address 9420 SE 54th St.

City State Zip Code
Mercer Island WA 98040-5121

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

Name of Employer Swedish Neurosci. Institute, Swedish H
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
0	6	/	1	7	/	2	0	1	0

Transaction ID: 31913242

Amount of Each Receipt this Period
250.00

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

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

Name of Employer Cleveland Clinic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	0

Transaction ID: 31913252

Amount of Each Receipt this Period
100.00

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

Mailing Address 1222 Arch St. #101

City State Zip Code
Philadelphia PA 19107-2826

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

Name of Employer Jefferson Headache Center
Occupation Fellow

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	0

Transaction ID: 31913254

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Glen R. Finney

Mailing Address 9235 NW 26th Avenue

City State Zip Code
Gainesville FL 32606-9180

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

Name of Employer Occupation
Univ. of FL Dept. of Neuro- Behavioral Neurology
logy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: 31913257

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Minto

Mailing Address 553 N. Mobile Street

City State Zip Code
Fairhope AL 36608-1199

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

Name of Employer Occupation
Neurology: Child and Adul- Physician
t, P.C.

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: 31913259

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. William S. Gilmer

Mailing Address 1213 Hermann Dr Ste 745

City State Zip Code
Houston TX 77004-7589

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

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: 31913837

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

285.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 49

(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. Shannon M. Kilgore

Mailing Address 3801 Miranda Ave
MC127

City State Zip Code
Palo Alto CA 94304-1207

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

Name of Employer Occupation
VA Physician

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

Date of Receipt

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

Transaction ID: 31927365

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 100 Rice Mine Loop Road
Suite 301

City State Zip Code
Tuscaloosa AL 35406-1822

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: 31944175

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1199 Sennebec Rd

City State Zip Code
Union ME 04862-4628

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

Name of Employer Occupation
Penobscot Bay Medical Center Physician

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

Date of Receipt

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

Transaction ID: 31944180

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 49
(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. Jeremy M. Shefner

Mailing Address 7994 Everglades Drive

City State Zip Code
Manlius NY 13104-8501

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

Name of Employer Occupation
SUNY Upstate Medical University Physician

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: 31944182

Amount of Each Receipt this Period
250.00

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

Mailing Address 4008 Muskogee Ave

City State Zip Code
Des Moines IA 50312-4627

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

Name of Employer Occupation
Iowa Health Physicians Neurologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 568.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: 31944184

Amount of Each Receipt this Period
100.00

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

Mailing Address Dept of Neurology
601 Elmwood Ave Box 673

City State Zip Code
Rochester NY 14642-0001

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

Name of Employer Occupation
University of Rochester Physician

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: 31944186

Amount of Each Receipt this Period
250.00

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 37 / 49
	<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	

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

A.	Full Name (Last, First, Middle Initial) Dr. James M. Gilchrist	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 586 Old Westport Rd	Transaction ID: 31944188
	City State Zip Code North Dartmouth MA 02747-2383	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Neurology Foundation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Elaine Knaus	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 165 Duke St	Transaction ID: 32014627
	City State Zip Code Saint Paul MN 55102-2903	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AAN Finance Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$235.00 This changes the YTD Total to \$0.-00

C.	Full Name (Last, First, Middle Initial) Homer Jack Moore	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address Department of Neurology Post Office Box 100383	Transaction ID: 32014628
	City State Zip Code Gainesville FL 32610-0001	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Florida Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)	▶	125.00
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 38 / 49
	(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. Joel M. Kaufman		Date of Receipt
	Mailing Address 6 Fenimore Road		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Worcester	MA	01609-1711
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Lifespan		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Transaction ID: 32014629
			Amount of Each Receipt this Period <input type="text" value="0.00"/>
			[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$25-0.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="40415.00"/>

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

<p>A. Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OR District:</p>	<p>Transaction ID: 31658049</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign</p> <p>Mailing Address 1519 Washington Street Second Floor, Suite 200</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 28</p>	<p>Transaction ID: 31658052</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) RANGER PAC</p> <p>Mailing Address PO Box 2485</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31658053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Leadership PAC</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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) Thoroughbred PAC Mailing Address PO Box 65116 City Washington State DC Zip Code 20035 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31669970 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011 Leadership PAC
	Purpose of Disbursement Leadership PAC

B. Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P O Box 521048 Suite A City Salt Lake City State UT Zip Code 84152 Purpose of Disbursement Campaign Contribution Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31670542 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011 Campaign Contribution
	Purpose of Disbursement Campaign Contribution

C. Full Name (Last, First, Middle Initial) PETE PAC Mailing Address 7804 Evening Lane City Alexandria State VA Zip Code 22306 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31670895 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011 Leadership PAC
	Purpose of Disbursement Leadership PAC

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dirigo PAC</p> <p>Mailing Address Post Office Box 1355</p> <p>City Alexandria State VA Zip Code 22313-1355</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31688640</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Leadership PAC</p>
<p>B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 13</p>	<p>Transaction ID: 31688987</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 02</p>	<p>Transaction ID: 31704828</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 08</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31725332</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Mr. Joe Heck</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 03</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31773226</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31773227</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31799302</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31799303</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 12</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31799307</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Carnahan In Congress</p> <p>Mailing Address 7000 Chippewa St</p> <p>City St. Louis State MO Zip Code 63123</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31799320 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mccollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31839136 Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31853824 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bucshon For Congress</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Mr. Larry Bucshon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 08</p>	<p>Transaction ID: 31897759</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 15</p>	<p>Transaction ID: 31903427</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kirk For Senate</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Mark Steven Kirk</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 10</p>	<p>Transaction ID: 31903608</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31903667 Date of Disbursement: 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31903743 Date of Disbursement: 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31903820 Date of Disbursement: 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Campaign Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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(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) McConnell Senate Committee '14	Transaction ID: 31903910 Date of Disbursement 06 / 15 / 2010
	Mailing Address PO Box 1496	Amount of Each Disbursement this Period 2500.00
	City Louisville State KY Zip Code 40201	
	Purpose of Disbursement Campaign Contribution	011 Category/ Type
	Candidate Name Sen. Mitch McConnell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign Contribution

B.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 31929338 Date of Disbursement 06 / 15 / 2010
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 2000.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement Campaign Contribution Funds Reported On <Enter Report Name Here>	011 Category/ Type
	Candidate Name Rep. John B. Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Campaign Contribution Funds Reported On <Enter Report Name Here>

C.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 31929339 Date of Disbursement 06 / 23 / 2010
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 2000.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement Campaign Contribution Re-designated funds for trans. dated 06/15/2010	011 Category/ Type
	Candidate Name Rep. John B. Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Campaign Contribution Re-designated funds for trans. dated 06/15/2010

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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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) Lone Star Leadership PAC	Transaction ID: 31939561 Date of Disbursement 06 / 24 / 2010
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement Leadership PAC Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Leadership PAC

B.	Full Name (Last, First, Middle Initial) Vine PAC	Transaction ID: 31942040 Date of Disbursement 06 / 24 / 2010
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Leadership PAC Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Leadership PAC

C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 31944189 Date of Disbursement 06 / 28 / 2010
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 2500.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement Campaign Contribution Candidate Name Rep. Henry A. Waxman	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	44500.00

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

Use separate schedule(s)
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<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

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

A. Full Name (Last, First, Middle Initial) Elaine Knaus <hr/> Mailing Address 165 Duke St <hr/> City Saint Paul State MN Zip Code 55102-2903 <hr/> Purpose of Disbursement Refund of contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31659317 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 235.00 <hr/> Refund of contribution
B. Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman <hr/> Mailing Address 6 Fenimore Road <hr/> City Worcester State MA Zip Code 01609-1711 <hr/> Purpose of Disbursement Refund of contribution made on 4/13/2010 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31667696 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00 <hr/> Refund of contribution made on 4/13/2010

SUBTOTAL of Disbursements This Page (optional) ►

335.00

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

335.00