07/13/2010 17:47

Image# 10990849474

# 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 over the lines	, type		
Ш	American Academy of Neuro	logy Professional Association	BrainPAC			
Ш						
ADI	DRESS (number and street)	509b 2nd St. NE				
г	Check if different					
	than previously reported. (ACC)	Washington		DC L	20002	
2.	FEC IDENTIFICATION NUM	IBER ♥ CI	TY 🛕	STATE	A ZIPC	ODE 🛕
	C00435933			NEW N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	b 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		ar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15	Ap	r 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	Quarterly Report(C	(c) 12-Day	Primary (12F	) G	eneral (12G)	Runoff (12R)
	X July 15 Quarterly Report(Q	2) PRE-Election	H			
	October 15 Quarterly Report(Q	Report for the:	Convention (	12C) Sp	pecial (12S)	
	January 31 Quarterly Report(Y		ion on		in the State	
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	Post -Election	General (300	S) Ri	unoff (30R)	Special (30S)
	Termination Report	Report for the:			in the	
_	(TET)	Elect	ion on		State	
5.	Covering Period 0 4	01 2010	through	06	0 2010	
l ce	ertify that I have examined this	Report and to the best of my ki	nowledge and belief it is	true, correct and cor	nplete.	
Тур	e or Print Name of Treasurer	Mr. Timothy J. Engel				
Sig	nature of Treasurer Electro	nically Filed by Mr. Timothy	J. Engel	Date	07 13	2010
NO	TE : Submission of false, erro	neous, or incomplete information	on may subject the pers	on signing this Repo	rt to the penalties of 2 l	U.S.C 437g.
	Office Use Only				FEC FO (Rev. 12/	
FE	SAN026			· · · · · · · · · · · · · · · · · · ·		

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 2/49 Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC D D <sup>®</sup>D 0 4 0 1 2010 0.6 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 120622.00 January 1 (b) Cash on Hand at 122462.00 Begining of Reporting Period ..... 61046.00 103833.62 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 183508.00 224455.62 6(a) and 6(c) for Column B) ..... 44935.00 86882.62 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 138573.00 137573.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 49

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period:

From:

D D 0 1

2010

To:

м м 0 6 D D D

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61046.00	98886.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4947.62
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61046.00	103833.62
Total Federal Receipts     (subtract Line 18(c) from Line 19)	61046.00	103833.62

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 49

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
(i) 1 sasial sinals	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
2. Transfers to Affiliated/Other Party	0.00	500.00
Committees	0.00	300.00
Federal Candidates/Committeesand Other Political Committees	44500.00	81500.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
Refunds of Contributions To:  (a) Individuals/Persons Other	435.00	435.00
Than Political Committees	400.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	105.00	105.00
(add Lines 28(a), (b), and (c))	435.00	435.00
Other Disbursements	0.00	4447.62
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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44935.00	86882.62
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	44935.00	86882.62
110/11 EII10 01/	₹₹300.00	00002.02

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 49

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
from Line 11(d), page 3)	61046.00	98886.00
44. Total Contribution Refunds (from Line 28(d))	435.00	435.00
Net Contributions (other than loans)     (subtract Line 34 from Line 33)	60611.00	98451.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Profe	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∆</b>	Full Name (Last, First, Middle Initial) Dr. Jennifer J. Majersik			Date of Receipt
	Mailing Address 175 N Medical Center 3rd Floor		7:n Codo	0 4
	City Salt Lake City	State UT	Zip Code 84132-5901	Transaction ID: 31547646  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04132-3301	250.00
	Name of Employer University of Utah	Occupation Neurolog		
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus  Mailing Address 4008 Muskogee Ave			Date of Receipt
				04 09 2010
	City	State	Zip Code	Transaction ID: 31571425
	Des Moines  FEC ID number of contributing federal political committee.	C	50312-4627	Amount of Each Receipt this Period  100.00
	Name of Employer Iowa Health Physicians	Occupation Neurolog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 268.00	
- ).	Full Name (Last, First, Middle Initial) Dr. John R. Wilson			Date of Receipt
	Mailing Address 675 W North Ave Ste 6 Neurology Clinical Neu		ıy	04 09 2010
	City	State	Zip Code	Transaction ID: 31572999
	Melrose Park  FEC ID number of contributing federal political committee.	C	60160-1627	Amount of Each Receipt this Period  1000.00
	Name of Employer RLT Neurologic Associates, Ltd	Occupation Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1350.00
Ī	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Neurology Prof	essional Ass	sociation BrainPAC	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Robert A. Gross			Date of Receipt
	Mailing Address Department of Neurolo 601 Elmwood Avenue	04 13 2010		
	City	State	Zip Code	Transaction ID: 31582016
	Rochester	NY	14642-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Rochester	Occupatio Neurolog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Elliott A. Schulman	1		Date of Receipt
	Mailing Address 616 Greythorne Rd	04 13 2010		
	City	State	Zip Code	Transaction ID: 31582028
	Wynnewood	PA	19096-2509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lankenau Hospital and Lan- kenau Institu	Occupatio Neurolog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier	1		Date of Receipt
	Mailing Address 220 W. Second Street Apartment 2409			04 13 7 2010
	City	State MO	Zip Code 64105-2175	Transaction ID: 31582038
	Kansas City  FEC ID number of contributing federal political committee.	C	64105-2175	Amount of Each Receipt this Period 500.00
	Name of Employer University of IL at Chica-	Occupatio Physicia		
	go Receipt For:	,	e Year-to-Date ▼	
	Primary General Other (specify) ▼	199.194	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1250.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	fessional Ass	sociation BrainPAC	
_	Full Name (Last, First, Middle Initial) Dr. Herman J. Dick, Jr.			Date of Receipt
	Mailing Address 2204 Eastland Dr			04 13 2010
	City Bloomington	State IL	Zip Code	Transaction ID: 31582045
	FEC ID number of contributing federal political committee.	C	61704-3566	Amount of Each Receipt this Period 500.00
	Name of Employer McLean County Neurology, SC	Occupatio Neurolog		
	Receipt For:	<del>- '                                   </del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman			Date of Receipt
	Mailing Address 6 Fenimore Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 31582051
	Worcester	MA	01609-1711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Lifespan	Occupatio Physicia		
	Receipt For:	· · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman			Date of Receipt
	Mailing Address 6 Fenimore Road			0 4 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 31582083
	Worcester	MA	01609-1711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Lifespan	Occupatio Physicia	n	
	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	Doimburged on 4/06/0010
	Other (specify) ▼		350.00	Reimbursed on 4/26/2010
_	SUBTOTAL of Receipts This Page (optional)			850.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
American Academy of Neurology Pr	rofessional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Marc Raphaelson Mailing Address 107 Royal St SW St	o.C	Date of Receipt
		04 15 2010
City Leesburg	State Zip Code VA 20175-2913	Transaction ID: 31608301  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin R. Brooks	Date of Receipt	
Mailing Address 1010 Edgehill Rd N Carolinas Medical C	04 15 2010	
City	State Zip Code NC 28207-1885	Transaction ID: 31608382
Charlotte FEC ID number of contributing federal political committee.	NC 28207-1885	Amount of Each Receipt this Period 250.00
Name of Employer Carolinas Neuromuscular/A- Is Center	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Mendez		Date of Receipt
Mailing Address 1770 Claybrook Poi	nt Circle	04 15 2010
City	State Zip Code	Transaction ID: 31608771
Brentwood FEC ID number of contributing federal political committee.	TN 37027	Amount of Each Receipt this Period 250.00
Name of Employer St Thomas Neurology	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

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)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Neurology Pr			
Full Name (Last, First, Middle Initial) Dr. William J. Weiner			Date of Receipt
Mailing Address 3704 N. Charles St. #901			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baltimore	State MD	Zip Code 21218-2305	Transaction ID: 31608972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.1.0 1000	250.00
Name of Employer University of Maryland Sc- hool of Medic Receipt For:	Occupatio Physicial		
Primary General Other (specify)	Jaga again	250.00	
Full Name (Last, First, Middle Initial) Dr. Pawan Kumar Jain			Date of Receipt
Mailing Address 5545 Remington Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 31609050
Las Cruces  FEC ID number of contributing federal political committee.	C	88011-2524	Amount of Each Receipt this Period 300.00
Name of Employer Pawan Jain, M.D., P.C. Ne-	Occupatio		
urology Receipt For:	Neurolog	ust e Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate	300.00	
Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley			Date of Receipt
Mailing Address 55 Grace Church St	reet		0 4 1 5 2 0 1 0
City Rye	State NY	Zip Code 10580-3926	Transaction ID: 31609198  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10300 0320	500.00
Name of Employer The Neurological Institute of NY	Occupatio Physicial	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	`		1050.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 49 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pr	ofessional Ass	sociation BrainPAC	
	Full Name (Last, First, Middle Initial) Dr. David J. Walsh Mailing Address 1815 J. Boulder Spri	nana Du		Date of Receipt
	Mailing Address 1815 J Boulder Spri	ngs Dr.		04 15 2010
	City	State	Zip Code	Transaction ID: 31609402
	Saint Louis	MO	63146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MACC Fund Research Buildi- ng	Occupation Neurolog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Mark A. Kozinn			Date of Receipt
	Mailing Address 3537 Knollwood Dr I	0 4		
	City	State	Zip Code	Transaction ID: 31609505
	Atlanta	GA	30305-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Matthew J. Murnane			Date of Receipt
	Mailing Address 47 New Scotland Av MC-70, Dept of Neu	rology		04 / 15 / 2010
	City Albany	State NY	Zip Code 12208-3479	Transaction ID: 31609779
	FEC ID number of contributing federal political committee.	C	12208-3479	Amount of Each Receipt this Period  1000.00
	Name of Employer Albany Medical College	Occupation Physician		
	Receipt For:	_,	Year-to-Date ▼	$\dashv$
	Primary General Other (specify) ▼	, iggi egale	1000.00	]
Г				2500.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 49 (check only one)    X
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Academy of Neurology Pro	ofessional Ass	sociation BrainPAC	
١. ا	Full Name (Last, First, Middle Initial) Dr. Constantine Moschonas Mailing Address 9746 N 90th PI Ste 20	0.0		Date of Receipt
-				04 15 2010
	City Scottsdale	State AZ	Zip Code 85258-5085	Transaction ID: 31610042
F	FEC ID number of contributing ederal political committee.	C	83236-3083	Amount of Each Receipt this Period  1000.00
- 1 1	Name of Employer Four Peaks Neurology	Occupation Physicia		
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
i. <u>I</u>	Full Name (Last, First, Middle Initial) Dr. Michael A. Williams Mailing Address 1029 Pier Pointe Lan	Date of Receipt		
'	vialing Address 1029 Fiel Follite Lati	04 15 2010		
	City	State	Zip Code	Transaction ID: 31610187
F	Baltimore FEC ID number of contributing ederal political committee.	MD C	21230-3975	Amount of Each Receipt this Period
	Name of Employer LifeBridge Health Brain & Spine Instit	Occupation Physicia		
i	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner			Date of Receipt
ľ	Mailing Address 7994 Everglades Driv	/e		0 4 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 31611214
- F	Manlius FEC ID number of contributing ederal political committee.	C	13104-8501	Amount of Each Receipt this Period 250.00
	Name of Employer SUNY Upstate Medical Univ- ersity	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	BTOTAL of Receipts This Page (optional)	1		2250.00

Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may		13 14 15 16 1	
NAME OF COMMITTEE (In Full)	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
American Academy of Neurology P	rofessional Ass	sociation BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Laura B. Powers			Date of Receipt	
Mailing Address 5629 Tazewell Pike	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 31611663	
Knoxville  FEC ID number of contributing federal political committee.	C	37918-9264	Amount of Each Receipt this Period 500.00	
Name of Employer Self/ Retired	Occupation Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Lisa M. Shulman			Date of Receipt	
Mailing Address 110 S Paca St Fl 3  Dept of Neurology F	04 / 15 / Y Y Y Y Y			
City Baltimore	State MD	Zip Code 21201-1642	Transaction ID: 31611766  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer U of MD At Baltimore	Occupation Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]	
Full Name (Last, First, Middle Initial) Dr. Sandra F. Olson			Date of Receipt	
Mailing Address 220 E Walton PI Ap	Mailing Address 220 E Walton PI Apt 6W			
City Chicago	State IL	Zip Code 60611-1649	Transaction ID: 31614184	
FEC ID number of contributing federal political committee.	C	60611-1649	Amount of Each Receipt this Period  1000.00	
Name of Employer Retired	Occupation Neurolog			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional	(h		1750.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 49 (check only one)    X   11a
or for commercial purposes, other than u	s and Statements may not be sold or used by any pers sing the name and address of any political committee to by Professional Association BrainPAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kavita M. Grover Mailing Address 5222 Royal Vale City Dearborn	E Lane State Zip Code MI 48126-4302	Date of Receipt  0 4  1 5  7 2 0 1 0  Transaction ID: 31624819  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Henry Ford Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation Neurologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Martin A. Samuels  Mailing Address 75 Francis St Department of N	leurology	Date of Receipt  0 4 1 5 2 0 1 0
City  Boston  FEC ID number of contributing federal political committee.	State Zip Code MA 02115-6110	Transaction ID: 31624958  Amount of Each Receipt this Period  500.00
Name of Employer Brigham and Womens Hospit- al Receipt For: Primary General Other (specify) ▼	Occupation Neurologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas GianCarlo Mailing Address 34025 Harper A	ve	Date of Receipt
City Clinton Township	State Zip Code MI 48035-3737	0 4
FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Medical Center;	Occupation	500.00
Henry Ford Medical Center;  Michigan Ne  Receipt For:  Primary  General  Other (specify) ▼	Neurologist  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (op	ional)	1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 49 (check only one)    X
[	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ì	NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	fessional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Jack W. Tsao			Date of Receipt
	Mailing Address 9211 Bardon Rd			04 15 2010
	City Bethesda	State MD	Zip Code 20814-2858	Transaction ID: 31625355  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Department of Defense	Occupation Neurolog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Alan H. Kurland Mailing Address 2 Boulder Ln	1		Date of Receipt
		01-1-	7'- 01-	04 15 2010
	City Sharon	State MA	Zip Code 02067-3034	Transaction ID: 31625494  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self	Occupation Neurolog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis			Date of Receipt
	Mailing Address 806 Timber Hill Road			0 4 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 31625807
	Highland Park FEC ID number of contributing federal political committee.	C	60035-5121	Amount of Each Receipt this Period 500.00
	Name of Employer Rush Univ. Med. Ctr.	Occupation Physicia		
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	_,	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		I	1500.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 49 (check only one)    X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A.	Full Name (Last, First, Middle Initial)  Dr. Mark S. Yerby  Mailing Address 1233 SW 57th Avenue	e		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 31626145
	Portland  FEC ID number of contributing federal political committee.	OR C	97221-2507	Amount of Each Receipt this Period 500.00
	Name of Employer North Pacific Epilepsy Research Receipt For: Primary General Other (specify)	Occupation Physicia Aggregate		
3.	Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Stree	et		Date of Receipt  0 4 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 31626263
	Pittsburgh FEC ID number of contributing federal political committee.	PA C	15208-2639	Amount of Each Receipt this Period 1000.00
	Name of Employer Pittsburgh Neurology Ctr.	Occupation Physicia		
	Receipt For: Primary General Other (specify)	<del>, ' ' '                               </del>	e Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
•	Mailing Address 3141 Neille Lane			0 4 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 31628828
	Twinsburg	OH	44087-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Cleveland Clinic	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .			1600.00

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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Academy of Neurology Properties of the commercial purposes and the	d Statements may not be sold or used by any person he name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto  Mailing Address 553 N. Mobile Street  City Fairhope  FEC ID number of contributing federal political committee.  Name of Employer Neurology: Child and Adult, P.C. Receipt For: Primary General Other (specify)		Date of Receipt  M M M J D D J Y Y Y Y Y  O 4 15 2010  Transaction ID: 31628946  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 9235 NW 26th Aven  City Gainesville FEC ID number of contributing federal political committee.  Name of Employer Univ. of FL Dept. of Neurology Receipt For: Primary General Other (specify)	State Zip Code FL 32606-9180  C  Occupation Behavioral Neurology  Aggregate Year-to-Date   340.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 5 2 0 1 0  Transaction ID: 31629061  Amount of Each Receipt this Period  85.00
Full Name (Last, First, Middle Initial) Dr. J. Clay Goodman Mailing Address 2520 Robinhood #16  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Baylor Medical School  Receipt For: Primary General Other (specify)	State Zip Code TX 77005-2561  C  Occupation Physician  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D D 2 0 1 0  Transaction ID: 31641875  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		1185.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may n	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	ofessional Assoc	ciation BrainPAC	
۸.	Full Name (Last, First, Middle Initial) Dr. Wesley D. Dennis			Date of Receipt
	Mailing Address 2914 Mistletoe Court			04 / 16 / 2010
	City Pantego	State TX	Zip Code 76013-3205	Transaction ID: 31642060
	FEC ID number of contributing federal political committee.	C	76013-3203	Amount of Each Receipt this Period  250.00
	Name of Employer Arlington Sleep Disorders	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Peter D. Donofrio	<u> </u>		Date of Receipt
	Mailing Address 1708 Linden Avenue			04 16 2010
	City	State	Zip Code	Transaction ID: 31642077
	Nashville  FEC ID number of contributing federal political committee.	C	37212-5112	Amount of Each Receipt this Period 250.00
	Name of Employer Vanderbilt University	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
_ ).	Full Name (Last, First, Middle Initial) Dr. Stephen G. Vincent			Date of Receipt
	Mailing Address 155 Whisper Cove			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Idaho Falls</u>	State ID	Zip Code 83404-7407	Transaction ID: 31642079
	FEC ID number of contributing federal political committee.	C	83404-7407	Amount of Each Receipt this Period 500.00
	Name of Employer Eastern Idaho Neurology Assoc	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 49   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Neurology F	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Stanley Fahn			Date of Receipt
Dr. Stanley Fahn  Mailing Address 710 W 168th St H. Houston Merrit F	Professor of Neu	J	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31642083
New York  FEC ID number of contributing federal political committee.	C	10032-3726	Amount of Each Receipt this Period  1000.00
Name of Employer Neurological Institute	Occupation Neurolog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Julio A. Calcano	L		Date of Receipt
Mailing Address PMB 119 HC 01 Box 29030			04 16 2010
City Caguas	State PR	Zip Code 00726-4900	Transaction ID: 31642087
FEC ID number of contributing federal political committee.	C	00720-4900	Amount of Each Receipt this Period  1000.00
Name of Employer Self	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Tarsy	I		Date of Receipt
Mailing Address 330 Brookline Ave KS 228			04 15 2010
City Boston	State MA	Zip Code	Transaction ID: 31642102
FEC ID number of contributing federal political committee.	C	02215-5400	Amount of Each Receipt this Period 500.00
Name of Employer Beth Israel Deaconess Med Ctr	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (options			2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 49 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro-	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Kathy L. Gardner  Mailing Address 3500 Terrace St S-514 Biomed Scienc	e Tower	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Pittsburgh  FEC ID number of contributing federal political committee.	PA C	15213-2500	Amount of Each Receipt this Period  500.00
Name of Employer Veterans Admin.  Receipt For:  Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer  Mailing Address 711 Haverford Ave			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pacific Palisades  FEC ID number of contributing federal political committee.	State CA	Zip Code 90272-4313	Transaction ID: 31642106  Amount of Each Receipt this Period  1000.00
Name of Employer UCLA Dept. of Clinical Ne- urophysiology Receipt For:  Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Jonathan P. Hosey  Mailing Address 100 N Academy Ave Neurology Dept, MC1	4.05		Date of Receipt  0 4 1 5 2 0 1 0
City  Danville  FEC ID number of contributing federal political committee.	State PA	Zip Code 17822-0001	Transaction ID: 31642109  Amount of Each Receipt this Period  1000.00
Name of Employer Geisinger Medical Center Receipt For:	Occupation Physician Aggregate		
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional) .		<b>)</b>	2500.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American Academy of Neurology Pr	rofessional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. James F. Selwa		Date of Receipt
Mailing Address 2044 Valleyview Dr City	State Zip Code	0 4 1 5 2 0 1 0
Ann Arbor	MI 48105-9588	Transaction ID: 31642110  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Wayne State Univ.	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Allison Brashear		Date of Receipt
Mailing Address 208 Hadley Ct		04 19 2010
City	State Zip Code	Transaction ID: 31655807
Winston Salem	NC 27106-4489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Wake Forest	Occupation Neurologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. David S. Saperstein		Date of Receipt
Mailing Address 5090 N 40th St Ste		04 19 2010
City	State Zip Code	Transaction ID: 31655882
Phoenix  FEC ID number of contributing federal political committee.	AZ 85018-2134	Amount of Each Receipt this Period 250.00
Name of Employer Phoenix Neurological Asso- ciates	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	)	1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 49 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	Statements may		13 14 15 16
or for commercial purposes, other than using the	ne name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neurology Pro	ofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Thomas R. Swift			Date of Receipt
Mailing Address 1120 15th St  Dept of Neurology, R	m B13078		04 / 20 / 4 / 2010
City	State	Zip Code	Transaction ID: 31656599
Augusta	GA	30912-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Medical College of Georgia	Occupation Physician		
Receipt For:	<del>- ' ' - '</del>		$\dashv$
Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Elaine Knaus			Date of Receipt
Mailing Address 165 Duke St			0 4 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 31656619
Saint Paul	MN	55102-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		235.00
Name of Employer AAN	Occupation Finance	n Specialist	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		235.00	
Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz			Date of Receipt
Mailing Address Dept of Neurology 601 Elmwood Ave Bo	ox 673		0 4 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31656841
Rochester	NY	14642-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Rochester	Occupation Physician		
Receipt For:	<del>_ '                                   </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	]

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

d or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.    Date of Receipt
Date of Receipt    M
Date of Receipt   Date of R
0 4 2 0 2 0 1 0  Transaction ID: 31656855  Amount of Each Receipt this Period  300.00  Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amount of Each Receipt this Period  300.00  Date of Receipt  M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Receipt    M M
Date of Receipt    M
Date of Receipt    M M
ode Transaction ID: 31657192 Amount of Each Receipt this Period
0 4 2 0 2 0 1 0  Dide Transaction ID: 31657192  Amount of Each Receipt this Period
Amount of Each Receipt this Period
<del></del>
1000.00
Date of Receipt
04 20 7 2010
Transaction ID: 31657194  Amount of Each Receipt this Period
1000.00
1000.00
1000.00

[	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 24 / 49 (check only one)    X
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Academy of Neurology Profe			solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Tetsuo Ashizawa Mailing Address 6618 SW 100th Lane			Date of Receipt
				04 20 2010
	City Gainesville	State FL	Zip Code 32608-6383	Transaction ID: 31657200  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32000 0000	1000.00
	Name of Employer University of Florida	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Susan B. Bressman			Date of Receipt
	Mailing Address 435 Lewelen Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31657308
	Englewood  FEC ID number of contributing federal political committee.	C	07631-2024	Amount of Each Receipt this Period 500.00
	Name of Employer Philip Ambulatory Care Ce- nter, Beth Is	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Carmel Armon			Date of Receipt
	Mailing Address 99 Pinewood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z D 1 0
	City	State	Zip Code	Transaction ID: 31657337
	Longmeadow	MA	01106-1639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Baystate Medical Center	Occupation Chief of	n Neurology	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	I		2500.00
ı				-

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

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Neurology Prof	essional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Lisa M. DeAngelis			Date of Receipt
	Mailing Address 400 East 56th Street Apt 23N			04 20 4 2010
	City New York	State NY	Zip Code 10022-4339	Transaction ID: 31657376
	FEC ID number of contributing federal political committee.	C	10022-4339	Amount of Each Receipt this Period  500.00
	Name of Employer Memorial Sloan Kettering Cancer Center	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Briseida E. Feliciano-astacio	<b>I</b>		Date of Receipt
	Mailing Address V28 Ave Luis Munoz N Neoera Medical	/larin		04 20 7 2010
	City <u>Caguas</u>	State PR	Zip Code	Transaction ID: 31657420
	FEC ID number of contributing federal political committee.	C	00725-6462	Amount of Each Receipt this Period 500.00
	Name of Employer Neoera Medical	Occupation Neurolog		
	Receipt For:	Aggregate	e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus			Date of Receipt
	Mailing Address 4008 Muskogee Ave			04 28 2010
	City Des Moines	State IA	Zip Code	Transaction ID: 31668396
	FEC ID number of contributing federal political committee.	C	50312-4627	Amount of Each Receipt this Period  100.00
	Name of Employer Iowa Health Physicians	Occupation Neurolog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 368.00	
	SUBTOTAL of Receipts This Page (optional)	1		1100.00
	TOTAL This Period (last page this line number		<u> </u>	

	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)  X 11a 11b 11c 12 13 14 15 16 17
\[ \]	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Pro	ofessional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec Rd			Date of Receipt
		Ctoto	Zin Codo	04 28 2010
	City Union	State ME	Zip Code 04862-4628	Transaction ID: 31668398  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		400.00	
ь. В.	Full Name (Last, First, Middle Initial) Dr. Joseph Kass			Date of Receipt
	Mailing Address 4929 Valerie	05 03 2010		
	City	State	Zip Code	Transaction ID: 31679343
	Bellaire	TX	77401-5707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Baylor College of Medicine	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Ted M. Burns	Date of Receipt		
	Mailing Address 1943 Lewis Mountair	n Rd		0 5 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31700643
	Charlottesville FEC ID number of contributing	VA	22903-2412	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer University Of Virginia	Occupation Neurolog		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		1000.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00
ŀ	TOTAL This Period (last page this line number			

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)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	ofessional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Linda A. Hershey		Date of Receipt
Mailing Address 367 Lebrun Rd		05 05 2010
City	State Zip Code	Transaction ID: 31700647
Amherst  FEC ID number of contributing federal political committee.	NY 14226-4130	Amount of Each Receipt this Period  1000.00
Name of Employer VAMC & U at Buffalo	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael Gruenthal		Date of Receipt
Mailing Address 47 New Scotland Ave Neurology Dept MC7	05 05 7 2010	
City	State Zip Code	Transaction ID: 31700651
Albany FEC ID number of contributing federal political committee.	NY 12208-3479	Amount of Each Receipt this Period
Name of Employer Albany Medical College	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	7
Full Name (Last, First, Middle Initial)		
Dr. Sanjeevi C. Tivakaran  Mailing Address 2400 Hospital Dr Ste	310	Date of Receipt  0 5 0 5 2 0 1 0
City	State Zip Code	Transaction ID: 31700711
Bossier City	LA 71111-2387	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WK Bossier Health Ctr	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 49 (check only one)    X   11a			
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to				
1 \	Professional Association BrainPAC				
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer		Date of Receipt			
Mailing Address 1213 Hermann Dr City	State Zip Code	0 5 1 7 2 0 1 0 Transaction ID: 31766080			
Houston	TX 77004-7589	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Self	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00				
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt			
	Mailing Address 9235 NW 26th Avenue				
City	State Zip Code	Transaction ID: 31766209			
Gainesville  FEC ID number of contributing federal political committee.	FL 32606-9180	Amount of Each Receipt this Period  85.00			
Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavioral Neurology				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	425.00				
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto		Date of Receipt			
Mailing Address 553 N. Mobile Stre	eet	05 17 2010			
City Fairhope	State Zip Code AL 36608-1199	Transaction ID: 31766376  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Neurology: Child and Adul- t, P.C.	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (ontion	nal)	285.00			

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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	
American Academy of Neurology Pr	ofessional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen		Date of Receipt
Mailing Address 3141 Neille Lane		05 17 2010
City	State Zip Code	Transaction ID: 31766638
Twinsburg	OH 44087-3808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Cleveland Clinic	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt
Mailing Address 100 Rice Mine Loop Suite 301	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 31766757
Tuscaloosa	AL 35406-1822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV		Date of Receipt
Mailing Address 1222 Arch St. #101		05 28 2010
City	State Zip Code	Transaction ID: 31819588
<u>Philadelphia</u>	PA 19107-2826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Jefferson Headache Center	Occupation Fellow	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
	)	300.00

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)  X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Neurology Pro	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus  Mailing Address 4008 Muskogee Ave			Date of Receipt		
City  Des Moines	State IA	Zip Code 50312-4627	Transaction ID: 31819687  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.  Name of Employer lowa Health Physicians	Occupatio		100.00		
Receipt For:  Primary General  Other (specify) ▼	Neurolog Aggregate	year-to-Date ▼ 468.00			
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee  Mailing Address 1199 Sennebec Rd			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	•				
<u>Union</u>	ME	04862-4628	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer Penobscot Bay Medical Cen- ter Receipt For:	Occupation Physicial Aggregate				
Primary General Other (specify) ▼	/ iggregate	500.00			
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones	•		Date of Receipt		
Mailing Address 212 Bay Spring Ave			05 28 2010		
City	State RI	Zip Code	Transaction ID: 31819824		
Barrington  FEC ID number of contributing federal political committee.	C	02806-1332	Amount of Each Receipt this Period 250.00		
Name of Employer Self	Occupatio Physicia	n			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	•		450.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 49 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Neurology F	nd Statements may not be sold or used by any person the name and address of any political committee to Professional Association BrainPAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph Kass Mailing Address 4929 Valerie  City Bellaire  FEC ID number of contributing federal political committee.  Name of Employer Baylor College of Medicine	State Zip Code TX 77401-5707  C Occupation Physician	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31823409  Amount of Each Receipt this Period  50.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Dr. Jesus F. Lovera  Mailing Address 5121 Cleveland Pl  City	State Zip Code	Date of Receipt    M
Metairie  FEC ID number of contributing federal political committee.	LA 70003-1056	Amount of Each Receipt this Period 300.00
Name of Employer LSU Healthcare Network NE- U/NSG Receipt For: Primary General Other (specify) ▼	Occupation Neurologist  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) Dr. Robin L. Brey Mailing Address 13618 Bluff Circle		Date of Receipt
City San Antonio FEC ID number of contributing	State Zip Code TX 78216-1902	Transaction ID: 31845924  Amount of Each Receipt this Period  1000.00
Name of Employer University Texas Health Science Center	Occupation neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (option	)	1350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 32 / 49   (check only one)			
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) American Academy of Neurology		• •				
Full Name (Last, First, Middle Initial) Dr. Corey C. Ford			Date of Receipt			
City Albuquerque	State NM	Zip Code 87112-6562	Transaction ID: 31845971  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer University of NM Health Science Center Receipt For:  Primary General Other (specify) ▼	Occupation Neurolog Aggregate		1			
Full Name (Last, First, Middle Initial) Dr. John C. Morris Mailing Address 8032 Orlando			Date of Receipt			
City	City State Zip Code					
Saint Louis	MO	63105-2543	Transaction ID: 31856226  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Washington University Sch- ool of Medici	Occupation Physician					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Leo R. Germin			Date of Receipt			
Mailing Address 1691 W Horizon F	0 6 1 4 2 0 1 0					
City Henderson	State NV	Zip Code 89012-3494	Transaction ID: 31875393  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	00012 0404	500.00			
Name of Employer Clinical Neurology Specia- lists	Occupation Neurolog	jist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (option	nal)		1250.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 33 / 49   (check only one)			
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)  American Academy of Neurology F	<u>~</u>					
Full Name (Last, First, Middle Initial) Dr. Lily Jung			Date of Receipt			
Mailing Address 9420 SE 54th St.						
City	State	Zip Code	Transaction ID: 31913242			
Mercer Island  FEC ID number of contributing federal political committee.	C	98040-5121	Amount of Each Receipt this Period 250.00			
Name of Employer Swedish Neurosci. Institu- te, Swedish H Receipt For: Primary General	Occupation Physician Aggregate		1			
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Bruce H. Cohen		300.00	Date of Receipt			
Mailing Address 3141 Neille Lane	06 17 2010					
City Twinsburg	State OH	Zip Code 44087-3808	Transaction ID: 31913252  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer Cleveland Clinic	Occupation Physician					
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV			Date of Receipt			
Mailing Address 1222 Arch St. #101	0 6 1 7 2 0 1 0					
City	State	Zip Code	Transaction ID: 31913254			
Philadelphia  FEC ID number of contributing federal political committee.	C	19107-2826	Amount of Each Receipt this Period			
Name of Employer Jefferson Headache Center	Occupation Fellow	n				
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 400.00				
SUBTOTAL of Receipts This Page (options			450.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology P	rofessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
Mailing Address 9235 NW 26th Aver	06 17 2010		
City Gainesville	State FL	Zip Code 32606-9180	Transaction ID: 31913257  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32000	85.00
Name of Employer Univ. of FL Dept. of Neur- ology Receipt For: Primary General Other (specify)	<del></del>	n al Neurology Year-to-Date ▼	1
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto  Mailing Address 553 N. Mobile Stree	et		Date of Receipt
City	0 6 1 7 2 0 1 0  Transaction ID: 31913259		
Fairhope	State AL	Zip Code 36608-1199	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Neurology: Child and Adul- t, P.C.	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer			Date of Receipt
Mailing Address 1213 Hermann Dr S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Houston	State TX	Zip Code 77004-7589	Transaction ID: 31913837  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77004 7505	100.00
Name of Employer Self	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		285.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 49 (check only one)    X		
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Neurology Processing Proce	the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Dr. Shannon M. Kilgore  Mailing Address 3801 Miranda Ave MC127  City	State	Zip Code	Date of Receipt    M		
Palo Alto  FEC ID number of contributing federal political committee.	CA	94304-1207	Amount of Each Receipt this Period  250.00		
Name of Employer VA  Receipt For:  Primary General Other (specify) ▼	Occupation Physicial Aggregate		]		
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts  Mailing Address 100 Rice Mine Loop Suite 301 City	Dr. Daniel C. Potts  Mailing Address 100 Rice Mine Loop Road Suite 301				
Tuscaloosa  FEC ID number of contributing federal political committee.	AL	35406-1822	Transaction ID: 31944175  Amount of Each Receipt this Period  100.00		
Name of Employer AL Neurology and Sleep Medicine, P.C. Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate				
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd	Date of Receipt				
City Union  FEC ID number of contributing federal political committee.	State ME	Zip Code 04862-4628	Transaction ID: 31944180  Amount of Each Receipt this Period  100.00		
Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate				
SUBTOTAL of Receipts This Page (optional	)		450.00		

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)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
American Academy of Neurology P	rofessional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner		Date of Receipt
Mailing Address 7994 Everglades Dr	State Zip Code	0 6 2 8 2 0 1 0  Transaction ID: 31944182
Manlius	NY 13104-8501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SUNY Upstate Medical Univ- ersity	Occupation Physician	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskogee Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 31944184
Des Moines  FEC ID number of contributing federal political committee.	IA 50312-4627	Amount of Each Receipt this Period  100.00
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 568.00	
Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz		Date of Receipt
Mailing Address Dept of Neurology 601 Elmwood Ave E	3ox 673	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Rochester</u>	State Zip Code NY 14642-0001	Transaction ID: 31944186  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Rochester	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Professional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. James M. Gilchrist		Date of Receipt
Mailing Address 586 Old Westport  City	Rd State Zip Code	0 6 2 8 2 0 1 0  Transaction ID: 31944188
North Dartmouth	MA 02747-2383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Neurology Foundation	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Elaine Knaus		Date of Receipt
Mailing Address 165 Duke St		04 21 211
City	State Zip Code	Transaction ID: 32014627
Saint Paul	MN 55102-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer AAN	Occupation Finance Specialist	
Receipt For:  Primary General  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
Full Name (Last, First, Middle Initial) Homer Jack Moore		Date of Receipt
Mailing Address Department of Neu Post Office Box 10	0383	04 21 2010
City	State Zip Code	Transaction ID: 32014628
Gainesville  FEC ID number of contributing federal political committee.	FL 32610-0001	Amount of Each Receipt this Period  0.00
Name of Employer University of Florida	Occupation Neurologist	1
Receipt For:  Primary General  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
SUBTOTAL of Receipts This Page (option	al)	125.00

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  American Academy of Neurology Prof	fessional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman Mailing Address 6 Fenimore Road			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32014629
Worcester FEC ID number of contributing federal political committee.	C	01609-1711	Amount of Each Receipt this Period  0.00
Name of Employer Lifespan	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	[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)	<b>&gt;</b>	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	40415.00

_	CHEDULE B (FEC FOIII 3X)	Use separate schedule(	s)		eck only	NUMBE	١١.			AGE	39 / 4	19
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	<u> </u>	3 8b	24 280		25 29	
	y Information copied from such Reports and Stater or commercial purposes, other than using the name											
$\sum_{i=1}^{\infty}$	NAME OF COMMITTEE (In Full)  American Academy of Neurology Professi				00 10 00	iioit ooriti		10 1101		-		
	Full Name (Last, First, Middle Initial)					T			0105	0040		
	Wyden For Senate					Date o		ourser				Υ
	Mailing Address 232 Ne 9th Avenue					0 4		<sup>D</sup> 2	1	. 2	0 1 0	
	City Portland	State Zip Code OR 97232				Amou	nt of E	Each [	Disburs	emen	t this P	erio
	Purpose of Disbursement		T	U						10	00.00	
	Campaign Contribution Candidate Name Sen. Ron Wyden		C	011 atego	ry/							
	Office Sought:    House   Disburs     X   Senate   X     President	ement For: 2009 Primary General Other (specify)	<u> </u>	Type	1	Camp	aign	Cont	ributio	on		
	State: OR District: Full Name (Last, First, Middle Initial)								0405	0050		
	Texans For Henry Cuellar Congressional (	Campaign				Date of	action of Disk	ourser	D /			Υ
	Mailing Address 1519 Washington Street Second Floor, Suite 200					0 4		2	1	2	0 1 0	
	City Laredo	State Zip Code TX 78042				Amou	nt of E	Each [	Disburs	emen	t this P	erio
	Purpose of Disbursement Campaign Contribution	70012		011						10	00.00	
	Candidate Name Rep. Henry Cuellar		C	atego Type	-							
	Office Sought:  X House Senate President State: TX District: 28	ement For: 2010 Primary X General Other (specify)				Camp	aign	Cont	ributio	n		
	Full Name (Last, First, Middle Initial) RANGER PAC						action of Disk		3165 ment	8053		
	Mailing Address PO Box 2485					0 <sup>M</sup> 4	M /	<sup>D</sup> 2	D /	<sup>Y</sup> 2	0 1 0	Y
	City Springfield	State Zip Code VA 22152				Amou	nt of E	Each [	Disburs	emen	t this P	erio
	Purpose of Disbursement Leadership PAC			011						20	00.00	-
	Candidate Name		C	atego Type								
	Senate President	ement For: Primary General Other (specify)	•			Leade	ership	PAC				
_	State: District:											

50	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				NUMBE	R:	F	PAGE	40 / 49	9
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			eck onl 21b 27	y one) 22 28a	X 23 28b	24		25 29	
	y Information copied from such Reports and Sta				ny p	erson	for the p	rpose of	soliciting	contribu	utions	`
or	for commercial purposes, other than using the n	ame and addres	ss of any political	com	mitte	e to so	olicit cont	ributions 1	rom such	comm	ittee	
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology Profes	ssional Assoc	ciation BrainPA	AC								
	Full Name (Last, First, Middle Initial) Thoroughbred PAC							saction II of Disbur		9970		
	Mailing Address PO Box 65116						0 <sup>M</sup> 4	M / D	28 /	ž	0 1 O	Y
	City Washington	State DC	Zip Code 20035				Amo	unt of Eac	h Disburs			eriod
	Purpose of Disbursement Leadership PAC				011		L.			250	0.00	-
	Candidate Name				itego Type	-						
	Senate President	Primary Other (spe	General ecify) ▼				Lead	ership P	AC			
	State: District: Full Name (Last, First, Middle Initial)						<b>T</b>		. 040	70F 40		
	Matheson For Congress							of Disbur	sement			
	Mailing Address P O Box 521048 Suite A						0 <sup>M</sup> 4	M / D	28 <sup>D</sup>	ž	0 Ť 0	Y
	City Salt Lake City	State UT	Zip Code 84152				Amo	unt of Eac	h Disburs	sement	this P	erio
	Purpose of Disbursement Campaign Contribution				011		L.			100	0.00	_
	Candidate Name Rep. James D. Matheson			Ca	itego Type							
	Office Sought:  X House Senate President State: UT District: 02	Primary Other (spe	2010  X General ecify)				Cam	oaign Co	ontributio	on		
	Full Name (Last, First, Middle Initial) PETE PAC							saction II of Disbur		'0895		
	Mailing Address 7804 Evening Lane						o <sup>M</sup> 4	M / D	28	ž	0 1 O	Υ
	City Alexandria	State VA	Zip Code 22306				Amo	unt of Eac	h Disburs	sement	this P	erio
	Purpose of Disbursement Leadership PAC	· ·			011		L.			250	0.00	
	Candidate Name			Ca	itego Type	•						
	Office Sought:    House   Disbuse     Senate     President     State: District:	Primary Other (spe	General cify) ▼				Lead	ership P	AC			
	'									സെ	0.00	
S	UBTOTAL of Disbursements This Page (option	al)			•••			-		000	טָיַטּט	-

	CHEDULE B (FEC Form 3X)	Use separate schedul	e(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22   X 23   24   25
	Information copied from such Reports and Staten or commercial purposes, other than using the nam				
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	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress				Transaction ID: 31688987  Date of Disbursement    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Mailing Address P.O. Box 2232				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 0 & 0 \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 1 & 0 \\ & 2 & 0 & 1 & 0 \end{bmatrix}$
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	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress							on ID	ement			V .	V
	Mailing Address 607 14th Street, Nw Suite 800					0 <sup>M</sup> 5		1	2	Ľ	2	0 1 0	
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	City Eden Prairie	State Zip Code MN 55344				Amou	int of	f Each	Disb	ursen	ment	this P	eriod
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<b>/</b>	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts						action ID: of Disburse		9302	
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	Michael Burgess For Congress  Mailing Address PO Box 2334						of Disburse	ment 5	Ý ŽO	í o <sup>Y</sup>
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ITEMIZED DISBURSEMENTS	HEDULE B (FEC Form 3X)	Use separate schedule(s	PAGE 44 / 49
NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association BrainPAC  Full Name (Last, First, Middle Initial) Carnahan In Congress  Mailing Address 7000 Chippewa St  City State Zip Code St. Louis MO 63123  Purpose of Disbursement Campaign Contribution Candidate Name Rep. Russ Carnahan  Office Sought: X House Senate President State: MO District: 03  Full Name (Last, First, Middle Initial) City State: X Primary General Other (specify) ▼  State: MO District: 03  Full Name (Last, First, Middle Initial) City State: Mocollum For Congress  Mailing Address P.O. Box 14131  City State: Mo District: 04  Full Name (Last, First, Middle Initial) Condidate Name Rep. Buss President State: MN District: 04  Full Name (Last, First, Middle Initial) Condidate Name Rep. Buss Who Collum  Office Sought: X House Senate President State: MN District: 04  Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc  Mailing Address Post Office Box 470840  City State: MN District: 04  Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc  Mailing Address Post Office Box 470840  City State Zip Code OK 74147  Purpose of Disbursement Campaign Contribution Candidate Name Rep. John Sullivan For Congress Inc  Mailing Address Post Office Box 470840  City State Zip Code OK 74147  Purpose of Disbursement Category' Type  Office Sought: X House Disbursement For: 2009  Campaign Contribution Candidate Name Rep. John Sullivan For Congress Inc  Mailing Address Post Office Box 470840  City State Zip Code OK 74147  Category' Type  Office Sought: X House Disbursement For: 2009  Campaign Contribution Cardidate Name Rep. John Sullivan Office Sought: X House Disbursement For: 2009	MIZED DISBURSEMENTS		e 21b 22 X 23 24 25
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City State Zip Code St. Louis MO 63123  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Russ Carnahan  Office Sought: X House President State: MO District: 03  Full Name (Last, First, Middle Initial)  Mccollum For Congress  Mailing Address P.O. Box 14131  City St. Paul MN 55114  Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Betty McCollum  Office Sought: X House President Senate President State: MO District: 04  Full Name (Last, First, Middle Initial)  Mccollum For Congress Tate: MO District Odd Tate: Ampaign Contribution  Candidate Name Rep. Betty McCollum  Office Sought: X House Other (specify) ▼  Transaction ID: 31839136  Date of Disbursement Initial District Odd Tate: Ampaign Contribution  Candidate Name Rep. John Sullivan For Congress Inc  Mailing Address Post Office Box 470840  City State Zip Code OK 74147  Purpose of Disbursement Campaign Contribution  Category/ Type			
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NAME OF COMMITTEE (In Full)  American Academy of Neurology Professional Association BrainPAC  Full Name (Last, First, Middle Initial)  Mailing Address PO Box 1496  City State Zip Code KY 40201  Purpose of Disbursement Campaign Contribution  Senate Name Sen. Mitch McConnell  State: KY District:  Full Name (Last, First, Middle Initial)  Larson For Congress  Mailing Address 29 Ruff Circle  City State Zip Code KY 40201  Transaction ID: 31929338  Date of Disbursement this Peric Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Candidate Name  Rep. John B. Larson  Office Sought: X House President State: CT District: 01  Full Name (Last, First, Middle Initial)  Larson For Congress  Mailing Address 29 Ruff Circle  Image: Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  Campaign Contribution Funds Reported On -Enter Report Name Here>  City State: CT District: 01  Full Name (Last, First, Middle Initial)  Larson For Congress  Mailing Address 29 Ruff Circle  City State Zip Code Code Code Code Code Code Code Code		, ,	21b 27	22 X 23 24 25 28a 28b 28c 29
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Louisville KY 40201  Purpose of Disbursement Campaign Contribution  Cardidate Name Sen. Mitch McConnell  Office Sought: House X Senate President  State: KY District:  Full Name (Last, First, Middle Initial)  Larson For Congress  Mailing Address 29 Ruff Circle  City Glastonbury CT 06033  Office Sought: X House Campaign Contribution Funds Reported On <enter (last,="" (specify)="" 01="" 06033="" 29="" 31929338="" <enter="" address="" b.="" campaign="" circle="" city="" congress="" contribution="" ct="" date="" disbursement="" district:="" first,="" for="" full="" funds="" glastonbury="" here-candidate="" here-ort="" house="" id:="" initial)="" john="" larson="" mailing="" middle="" name="" name<="" of="" office="" on="" other="" peric="" president="" rep.="" report="" reported="" ruff="" senate="" sought:="" state:="" td="" this="" transaction="" x="" ▼=""><td>Mailing Address PO Box 1496</td><td></td><td></td><td>06 15 2010</td></enter>	Mailing Address PO Box 1496			06 15 2010
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Sen. Mitch McConnell  Office Sought: House   President   President   Other (specify) ▼  State: KY District: Other (specify) ▼  Campaign Contribution  Trype  Campaign Contribution  Trype  Campaign Contribution  Campaign Contribution  Transaction ID: 31929338   Date of Disbursement   Other (specify) ▼  Amount of Each Disbursement   Other (specify) ▼  Candidate Name   President   Other (specify) ▼  State: CT District: Other (specify) Type: Other	Campaign Contribution			2500.00
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Full Name (Last, First, Middle Initial) Larson For Congress  Mailing Address 29 Ruff Circle  City Glastonbury  Purpose of Disbursement Campaign Contribution Funds Reported On <enter here="" name="" report=""> Candidate Name Rep. John B. Larson  Office Sought:  X House President State: CT  District: 01  City Glastonbury  Campaign Contribution Funds Reported On <enter here="" name="" report=""> Candidate Name Rep. John B. Larson  Office Sought:  X House Senate President  City Glastonbury  Campaign Contribution Funds Reported On <enter here="" name="" report=""> Campaign Contribution Funds Reported On <enter here="" name="" report="">  City Glastonbury  Campaign Contribution Funds Reported On <enter here="" name="" report="">  City Glaston District: 01  Transaction ID: 31929338  Amount of Each Disbursement Campaign Contribution Funds Reported On <enter here="" name="" report="">  Transaction ID: 31929338  Amount of Each Disbursement In Senior Seni</enter></enter></enter></enter></enter></enter>	X Senate President	X Primary General		Campaign Contribution
Larson For Congress  Mailing Address 29 Ruff Circle  City State Zip Code Glastonbury CT 06033  Purpose of Disbursement Campaign Contribution Funds Reported On <enter here="" name="" report=""> Candidate Name Rep. John B. Larson  Office Sought: X House Senate President State: CT District: 01  Full Name (Last, First, Middle Initial) Larson For Congress  Mailing Address 29 Ruff Circle  City State Zip Code Glastonbury General Other (specify) ▼  Transaction ID: 31929339 Date of Disbursement  Office Sought: X House Senate Primary General Office of Disbursement  City State Zip Code Glastonbury CT 06033  Purpose of Disbursement  Campaign Contribution Re-designated funds for trans. dated 06/15/2010  Candidate Name Rep. John B. Larson  Office Sought: X House Senate Primary X General Other (specify) ▼  Campaign Contribution Re-designated funds for trans. dated 06/15/2010  Candidate Name Rep. John B. Larson  Office Sought: X House Senate Primary X General Other (specify) ▼  Campaign Contribution Re-designated funds for trans. dated 06/15/2010  Candidate Name Rep. John B. Larson  Office Sought: X House Senate Primary X General Other (specify) ▼  Campaign Contribution Re-designated funds for trans. dated 06/15/2010  Campaign Contribution Re-designated funds for trans. dated 06/15/2010</enter>				Transaction ID: 21020338
City Glastonbury CT 06033  Purpose of Disbursement Campaign Contribution Funds Reported On <enter here="" name="" report=""> Candidate Name Rep. John B. Larson  Office Sought: X House President President President State: CT District: 01  Full Name (Last, First, Middle Initial) Larson For Congress  Mailing Address 29 Ruff Circle  City State Zip Code Glastonbury CT 06033  Purpose of Disbursement Campaign Contribution Re-designated funds for trans. dated 06/15/2010  Candidate Name Rep. John B. Larson  Office Sought: X House Primary A General Campaign Contribution Redignated funds for trans. dated 06/15/2010  Office Sought: X House Primary A General Campaign Contribution Redignated funds for trans. dated 06/15/2010  Office Sought: X House Primary A General Campaign Contribution Redignated funds for trans. dated 06/15/2010  Office Sought: X House Primary A General Campaign Contribution Redignated funds for trans. dated 06/15/2010  Office Sought: X House Primary A General Campaign Contribution Redignated funds for trans. dated 06/15/2010</enter>				Date of Disbursement
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Senate President State: CT District: 01  Full Name (Last, First, Middle Initial) Larson For Congress  Mailing Address 29 Ruff Circle  City State Zip Code Glastonbury CT 06033  Purpose of Disbursement Campaign Contribution Re-designated funds for trans. dated 06/15/2010  Candidate Name Rep. John B. Larson  Office Sought: X House Senate Primary X General Other (specify) ▼  Campaign Contribution Funds Reported On <enter here="" name="" report="">  Transaction ID: 31929339 Date of Disbursement  Mod M / D D D Disbursement  Mod M / D D D Disbursement  Campaign Contribution Funds Reported On <enter here="" name="" report="">  Amount of Each Disbursement this Period Category/ Type  [MEMO ITEM]  Campaign Contribution Redesignated funds for trans. dated 06/15/2010  Campaign Contribution Redesignated funds for trans. dated 06/15/2010</enter></enter>				
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City State Zip Code Glastonbury CT 06033  Purpose of Disbursement Campaign Contribution Re-designated funds for trans. dated 06/15/2010 Candidate Name Rep. John B. Larson  Office Sought: X House Senate Primary X General President Other (specify)  Office Sought: Amount of Each Disbursement this Periodence of Disbursement To Senate Senate Other (specify)   [MEMO ITEM] Campaign Contribution Redesignated funds for trans. dated 06/15/2010	Full Name (Last, First, Middle Initial)			Date of Disbursement
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	State: C1 DISTRICT: U1			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	) FOR LINE (check only	NUMBER: PAGE 48 / 49
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  American Academy of Neurology Profess	me and address of any politica	l committee to so	
Full Name (Last, First, Middle Initial) Lone Star Leadership PAC			Transaction ID: 31939561 Date of Disbursement
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City Alexandria	State Zip Code VA 22301		Amount of Each Disbursement this Perio
Purpose of Disbursement Leadership PAC Candidate Name		011 Category/ Type	1500.00
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Full Name (Last, First, Middle Initial) Vine PAC			Transaction ID: 31942040 Date of Disbursement
Mailing Address 236 Massachusetts Ave Suite 603	enue, NE		06 06 7 24 7 2010
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comr	nittee		Transaction ID: 31944189 Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #10	312		06 06 7 28 7 2010
City Los Angeles	State Zip Code CA 90048		Amount of Each Disbursement this Period
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Rep. Henry A. Waxman  Office Sought:  Senate President  State: CA  Disbur  Senate President  State: CA	sement For: 2010 Primary X General Other (specify) ▼	Туре	Campaign Contribution
	Λ.		5500.00
SUBTOTAL of Disbursements This Page (optional	)	<u></u>	44500.00

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ļ	ITEMIZED DISBURSEMENTS		category of the Summary Page			21	21b X		2 28a		23 28b	F	24 28c	П	25 29		26 30b
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Α.	Full Name (Last, First, Middle Initial) Elaine Knaus							D	ate c		isburs	em	/ Y		0 1 C	Y	
	Mailing Address 165 Duke St							L	0 4	_	2	2 1		. 2	010		
	City Saint Paul	State MN	Zip Code 55102-2903					A	mou	nt o	f Each	ı Di	isburser	-			od
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В.	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman								ate c		isburs	em				V	
	Mailing Address 6 Fenimore Road							L	0 4	vi		2 7		, 2	0 i c		
	City Worcester	State MA	Zip Code 01609-1711					A	mou	nt o	f Each	ı Di	isburser	-			od
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SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	335.00
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