

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		127133.00
(b) Cash on Hand at Beginning of Reporting Period.....	92375.00	
(c) Total Receipts (from Line 19)	22925.00	218467.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	115300.00	345600.00
7. Total Disbursements (from Line 31).....	30500.00	260800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	84800.00	84800.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17145.00	158206.00
(ii) Unitemized	5780.00	55261.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22925.00	213467.00
(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)	22925.00	213467.00
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22925.00	218467.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22925.00	218467.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	260500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	300.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30500.00	260800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30500.00	260800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22925.00	213467.00
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22925.00	213167.00
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: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1240 West Valencia Mesa Drive

City	State	Zip Code
Fullerton	CA	92833-2221

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

Name of Employer	Occupation
Inland Neurologic Consultants	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

Transaction ID : 36415860

Amount of Each Receipt this Period

75.00

B. Dr. Keyi Yang
Full Name (Last, First, Middle Initial)

Mailing Address 4426 Paradise Ave W

City	State	Zip Code
University Place	WA	98466-1024

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

Name of Employer	Occupation
Mt Rainier Neurology	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : 36430712

Amount of Each Receipt this Period

1000.00

C. Dr. Ranjtkumar P. Patel
Full Name (Last, First, Middle Initial)

Mailing Address 218 W NASA Road 1

City	State	Zip Code
Webster	TX	77598-5048

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

Name of Employer	Occupation
Self	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **251.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : 36430784

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional).....▶	1326.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<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 BrainPAC

A. Dr. Michael E. Batipps
Full Name (Last, First, Middle Initial)
Mailing Address 106 Irving St NW Ste 2600

City Washington	State DC	Zip Code 20010-2962
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FEC ID number of contributing federal political committee. **C**

Name of Employer Washington Hospital Center	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2013

Transaction ID : 36430794

Amount of Each Receipt this Period
250.00

B. Dr. Steven J. Holtz
Full Name (Last, First, Middle Initial)
Mailing Address 6970 Broadway Terrace

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2013

Transaction ID : 36434674

Amount of Each Receipt this Period
500.00

C. Dr. Waleed Hamed El-Feky
Full Name (Last, First, Middle Initial)
Mailing Address 6301 Gaston Ave
Suite 400, West Tower

City Dallas	State TX	Zip Code 75214-3922
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FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Neurology, P.A.	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
09		09		2013

Transaction ID : 36435040

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 8 OF 29
(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 BrainPAC

A. Dr. C Fish Greenfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 4322 Williamsburg Rd
 City Dallas State TX Zip Code 75220-1932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36435041
 Amount of Each Receipt this Period
 500.00

B. Dr. Daragh Heitzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6301 Gaston Ave Ste 400W
 100 West Tower
 City Dallas State TX Zip Code 75214-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36435042
 Amount of Each Receipt this Period
 500.00

C. Dr. Steven P. Herzog
 Full Name (Last, First, Middle Initial)
 Mailing Address 6301 Gaston Ave Ste 400
 West Tower
 City Dallas State TX Zip Code 75214-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36435043
 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: (check only one)	PAGE 10 OF 29
	<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 BrainPAC

A. Dr. John B. Townsend
Full Name (Last, First, Middle Initial)
Mailing Address 774 Christiana Rd Ste 201

City Newark	State DE	Zip Code 19713-4221
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FEC ID number of contributing federal political committee. **C**

Name of Employer Delaware Neuroscience Specialists	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : 36438710

Amount of Each Receipt this Period
500.00

B. Dr. Lawrence E. Green
Full Name (Last, First, Middle Initial)
Mailing Address 16060 Idaho Center Blvd

City Nampa	State ID	Zip Code 83687-5010
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2013

Transaction ID : 36448014

Amount of Each Receipt this Period
250.00

C. Dr. Sara G. Austin
Full Name (Last, First, Middle Initial)
Mailing Address 3006 Loveland Cove

City Austin	State TX	Zip Code 78746-7635
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2013

Transaction ID : 36450453

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: (check only one)	PAGE 11 OF 29
	<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 BrainPAC

A. Dr. Constantine Moschonas
 Full Name (Last, First, Middle Initial)
 Mailing Address 8113 E Del Cuarzo Dr
 City State Zip Code
 Scottsdale AZ 85258-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Four Peaks Neurology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453644
 Amount of Each Receipt this Period
 750.00

B. Dr. Daniel C. Potts
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Covey Chase
 City State Zip Code
 Tuscaloosa AL 35406-1801
 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 ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453646
 Amount of Each Receipt this Period
 100.00

C. Dr. Awais Riaz
 Full Name (Last, First, Middle Initial)
 Mailing Address 4454-A Kelmscott Lane
 City State Zip Code
 Salt Lake City UT 84124-2580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Utah Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453647
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<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 BrainPAC

A. Dr. Jeremy M. Shefner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7994 Everglades Dr
 City Manlius State NY Zip Code 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453648
 Amount of Each Receipt this Period
 250.00

B. Dr. Alan G. Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Punchbowl St
 City Honolulu State HI Zip Code 96813-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Queen's Medical Center Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453649
 Amount of Each Receipt this Period
 125.00

C. Dr. Bradford Lynn Talcott
 Full Name (Last, First, Middle Initial)
 Mailing Address 5636 Veil Dr
 City Ammon State ID Zip Code 83406-8387
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453651
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 29
(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 BrainPAC

A. Dr. Tara Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Birch Hill Drive
 City State Zip Code
 Jber AK 99505-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United States Air Force Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453652
 Amount of Each Receipt this Period
 50.00

B. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Children's Hospital and Med. Center of Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453653
 Amount of Each Receipt this Period
 175.00

C. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Kessler Woods Trail
 City State Zip Code
 Dallas TX 75208-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas Neurology COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453654
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
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 OF 29
(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 BrainPAC

A. Dr. Glen R. Finney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9235 NW 26th Avenue
 City Gainesville State FL Zip Code 32606-9180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453655
 Amount of Each Receipt this Period
 84.00

B. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Dunstan Rd
 City Houston State TX Zip Code 77005-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453656
 Amount of Each Receipt this Period
 85.00

C. Dr. Madeleine Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 E Westminster Lane
 City Spokane State WA Zip Code 99223-8406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Stroke and TIA Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 36453657
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.00
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 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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 BrainPAC

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

Mailing Address PO Box 603253

City Providence State RI Zip Code 02906-0253

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 36453658

Amount of Each Receipt this Period
250.00

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

Mailing Address 78 Lac Kine Drive

City Rochester State NY Zip Code 14618-5608

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 36453659

Amount of Each Receipt this Period
250.00

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 36453661

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **650.00**

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

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

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

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

A. Dr. Nancy L. Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Stonybrook Road
 City Tenaflly State NJ Zip Code 07670-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3735.00**

Date of Receipt
 09 / 15 / 2013
Transaction ID : 36453663
 Amount of Each Receipt this Period
415.00

B. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 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 **900.00**

Date of Receipt
 09 / 15 / 2013
Transaction ID : 36453664
 Amount of Each Receipt this Period
100.00

C. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Fairmount Terrace
 City Fairfield State CT Zip Code 06825-1758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Neurologists of So. Ct. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 15 / 2013
Transaction ID : 36453665
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **565.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<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 BrainPAC

A. Dr. James D. Nelson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8739

City St Thomas State VI Zip Code 00801-1739

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

Name of Employer VI Neurological Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
09 / 18 / 2013
Transaction ID : 36470683

Amount of Each Receipt this Period
365.00

B. Dr. Daniel L. Cobb
Full Name (Last, First, Middle Initial)

Mailing Address 1240 Jesse Jewell Pkwy SE Ste 400

City Gainesville State GA Zip Code 30501-3861

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

Name of Employer Gainesville Neurology Group Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 18 / 2013
Transaction ID : 36470708

Amount of Each Receipt this Period
250.00

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

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
09 / 22 / 2013
Transaction ID : 36474782

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	1215.00
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 OF 29
(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 BrainPAC

A. Dr. Brett M. Kissela
 Full Name (Last, First, Middle Initial)
 Mailing Address 9878 Zig Zag Road
 City Cincinnati State OH Zip Code 45242-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2013
Transaction ID : 36486008
 Amount of Each Receipt this Period 250.00

B. Dr. Michael R. Yochelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 Commander Drive
 City Hyattsville State MD Zip Code 20782-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Rehabilitation Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2013
Transaction ID : 36491401
 Amount of Each Receipt this Period 1000.00

C. Dr. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City La Crosse State WI Zip Code 54601-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan-Skemp Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492394
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1295.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<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 BrainPAC

A. Dr. Amy E. Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492396

Amount of Each Receipt this Period
50.00

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

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492397

Amount of Each Receipt this Period
200.00

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

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492398

Amount of Each Receipt this Period
50.00

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 20 OF 29
(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 BrainPAC

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

Mailing Address 4732 Lost Creek Lane

City State Zip Code
Bellingham WA 98229-2574

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

Name of Employer Occupation
Northwest Neurology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492399

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr. Joseph A. Tornabene

Mailing Address 1234 Millerdale Avenue

City State Zip Code
Wenatchee WA 98801-3188

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

Name of Employer Occupation
Wenatchee Valley Med Ctr. Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492400

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Dr. Charles W. Brock

Mailing Address 17307 San Aringo Pl

City State Zip Code
Lutz FL 33548-4820

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

Name of Employer Occupation
University of Florida Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492401

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
	<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 BrainPAC

Full Name (Last, First, Middle Initial) A. Dr. Maureen A. Callaghan		Date of Receipt MM / DD / YYYY 09 / 28 / 2013 Transaction ID : 36492402
Mailing Address PO Box 6059 1617 Sylvester St SW		Amount of Each Receipt this Period 250.00
City Olympia State WA Zip Code 98501-2228	FEC ID number of contributing federal political committee. C	
Name of Employer Madigan Army Medical Center / Self Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Gross		Date of Receipt MM / DD / YYYY 09 / 28 / 2013 Transaction ID : 36492404
Mailing Address 44 Split Rock Rd		Amount of Each Receipt this Period 500.00
City Pittsford State NY Zip Code 14534-1852	FEC ID number of contributing federal political committee. C	
Name of Employer University of Rochester Occupation Neurologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) c. Dr. Joseph S. Kass		Date of Receipt MM / DD / YYYY 09 / 28 / 2013 Transaction ID : 36492405
Mailing Address Department of Neurology 6501 Fannin NB-302		Amount of Each Receipt this Period 50.00
City Houston State TX Zip Code 77030-2703	FEC ID number of contributing federal political committee. C	
Name of Employer Baylor College of Medicine Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 OF 29
(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 BrainPAC

A. Dr. Bibhuti Mishra
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Potomac Ave NW
 City Washington State DC Zip Code 20016-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Fairfax Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492406
 Amount of Each Receipt this Period 750.00

B. Dr. Sarah M. Benish
 Full Name (Last, First, Middle Initial)
 Mailing Address 5949 Bradbury Court
 City Inver Grove Heights State MN Zip Code 55076-1597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairview Health Services Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492408
 Amount of Each Receipt this Period 500.00

C. Dr. Donald S. Gervais Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8120 Main St Ste 400
 City Houma State LA Zip Code 70360-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Neuroscience Center of Excel Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492412
 Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2575.00
TOTAL This Period (last page this line number only).....▶	17145.00

**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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : 36429926

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : 36429927

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : 36429928

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : 36429929

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Peter Welch

Category/
Type

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : 36429930

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Leadership PAC contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : 36429988

Amount of Each Disbursement this Period

1500.00

Leadership PAC contribution

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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	3

Transaction ID : 36455964

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	3

Transaction ID : 36456391

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	3

Transaction ID : 36456481

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Campaign Contribution

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

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Mccollum For Congress

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Betty McCollum

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36456524

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463375

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Michael Grimm For Congress

Mailing Address PO Box 61806

City State Zip Code
Staten Island NY 10306

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Michael G. Grimm

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463377

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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)
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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463411

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats PAC

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Leadership PAC contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463431

Amount of Each Disbursement this Period

1000.00

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Mark P. Begich

Category/
Type

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 36473049

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Benishek For Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Dan Benishek MD

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 36473183

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Dennis Heck

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 36473189

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 36479732

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

