Image# 13964793497 PAGE 1 / 29

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
NAME OF COMMITTEE (in fu	TYPE OR	PRINT ▼	Example: If typover the lines.	ping, type	12FE4M5		
American Acade	my of Neurolo	ogy BrainPAC					
	1 1 1 1 1 1						1
	401 C S	t NE					
ADDRESS (number and s							
Check if different							
than previously reported. (ACC		gton 			DC	20002	
2. <b>FEC IDENTIFICAT</b>	TION NUMBER ▼	CIT	YA		STATE A	ZIP CC	DDE 🛦
C C00435933			THIS EPORT X	NEW (N) <b>OR</b>	AN (A)	MENDED	
4. TYPE OF REPO (Choose One)	Re	port	20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repor		e On: Mar	20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	× Oct	20 (M10)	Jan 31 (YE)
Quarterly F July 15	Report (Q1) (c)	12-Day	Primary (12	2P)	General	(12G)	Runoff (12R)
Quarterly F	Report (Q2)	PRE-Election Report for the:	Convention	(12C)	Special (	12S)	
October 15 Quarterly F	Report (Q3)		_				
January 31 Year-End F	Report (YE)	Election	n on	/ D D /	Y . Y . Y . Y	in the State of	of
July 31 Mi Report (No Year Only)	n-election (u)	30-Day POST-Election	General (3	0G)	Runoff (3	30R)	Special (30S)
Termination (TER)	n Report	Report for the:	M = M	/ D D /	Y . Y . Y . Y	in the	
(TER)		Election				State of	of
5. Covering Period	09 0	1 2013	through	M M M	30	2013	
I certify that I have exam	mined this Report	and to the best of	my knowledge and	belief it is tru	e, correct and	d complete.	
Type or Print Name of <sup>-</sup>		othy J. Engel					
Signature of Treasurer	Mr. Timothy J. En	igel	[Electronica	lly Filed]	ate 10	/ 16 /	2013
NOTE: Submission of fals	se, erroneous, or inc	complete information	n may subject the pe	erson signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office						FEC FOR	
Use Only						Rev. 12/2	

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC 09 01 2013 09 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 127133.00 January 1, 2013 (b) Cash on Hand at 92375.00 Beginning of Reporting Period..... 218467.00 22925.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 115300.00 345600.00 6(a) and 6(c) for Column B)..... 30500.00 260800.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 84800.00 84800.00 (subtract Line 7 from Line 6(d)).....

Debts and Obligations Owed **TO**the Committee (Itemize all on
Schedule C and/or Schedule D) ......



0.00

×

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Neurology BrainPAC

Iributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	17145.00	45000000
Than Political Committees	17145.00	450000 00
	17145.00	450000.00
(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
Political Party Committees	0.00	0.00
	0.00	0.00
Totals to Line 33, page 5)	22925.00	213467.00
sfers From Affiliated/Other		
y Committees	0.00	0.00
oans Received	0.00	0.00
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	5000.00
	0.00	3000.00
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
(nom concade rio)		0.00
evin Funds (from Schedule H5)	0.00	0.00
arm and (nom consume 114) mini		
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees	(iii) TOTAL (add Lines 11(a)(i) and (ii)

#### **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
Operating Expenditures:      (a) Allocated Federal/Non-Federal  Activity (from Schoolule H4)		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		7
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	30500.00	260500.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(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 Than Political Committees	0.00	300.00
man i sindal committees		
(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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I ederal Share		
(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 Diaburaamanta (add Lines 21/s) CC		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30500.00	260800.00
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22925.00	213467.00
4. Total Contribution Refunds (from Line 28(d))	0.00	300.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22925.00	213167.00
6. 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
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

ı	FOR LINE	NUMBER:	: PAGE	6 OF	29		
	(check only one)						
	<b>X</b> 11a	11b	11c	12			
	13	14	15	16	17		

		o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ogy BrainBAC	
American Academy of Neurolo	Dyy Diailifau	
Full Name (Last, First, Middle Initial) Dr. Faisal M. Qazi		Date of Receipt
Mailing Address 1240 West Valencia Mesa I	Drive	09 05 2013
City	State Zip Code	Transaction ID : 36415860
Fullerton	CA 92833-2221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	†
Inland Neurologic Consultants	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr. Keyi Yang	1	Date of Receipt
Mailing Address 4426 Paradise Ave W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	09 10 2013 Transaction ID : 36430712
University Place	WA 98466-1024	Amount of Each Receipt this Period
FEC ID number of contributing		san or Edon Hoodipt tills i ellou
federal political committee.	C	1000.00
Name of Employer	Occupation	1
Mt Rainier Neurology	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Ranjitkumar P. Patel	1	Data of Pagaint
Mailing Address 218 W NASA Road 1		Date of Receipt
		09 10 2013
City	State Zip Code	Transaction ID: 36430784
Webster	TX 77598-5048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	251.00
Name of Employer	Occupation	-
Self	Neurologist	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	251.00	
OUDTOTAL 4.2	1	1326.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1320.00
	er only)	1

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Michael E. Batipps Date of Receipt Mailing Address 106 Irving St NW Ste 2600 2013 City Zip Code State Transaction ID: 36430794 DC 20010-2962 Washington Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Washington Hospital Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven J. Holtz Date of Receipt Mailing Address 6970 Broadway Terrace 09 10 2013 City State Zip Code Transaction ID: 36434674 CA Oakland 94611-1950 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation John Muir Physical Ntwk Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Waleed Hamed El-Feky Date of Receipt Mailing Address 6301 Gaston Ave 09 09 2013 Suite 400, West Tower City Zip Code State Transaction ID: 36435040 **Dallas** TX 75214-3922 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Texas Neurology, P.A. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. C Fish Greenfield Date of Receipt Mailing Address 4322 Williamsburg Rd 09 2013 City Zip Code State Transaction ID: 36435041 TX 75220-1932 Dallas Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Texas Neurology Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daragh Heitzman Date of Receipt Mailing Address 6301 Gaston Ave Ste 400W 100 West Tower 09 09 2013 City State Zip Code Transaction ID: 36435042 TX **Dallas** 75214-6237 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Texas Neurology** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Steven P. Herzog Date of Receipt Mailing Address 6301 Gaston Ave Ste 400 09 09 2013 West Tower City Zip Code State Transaction ID: 36435043 TX **Dallas** 75214-3922 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Texas Neurology** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. N. Bruce Jenevein Date of Receipt Mailing Address 6301 Gaston Ave Ste 100 West Tower 09 2013 City State Zip Code Transaction ID: 36435044 TX Dallas 75214-3922 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Texas Neurology, PA Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Alan W. Martin Date of Receipt Mailing Address 3439 W Lawther Dr 09 09 2013 City State Zip Code Transaction ID: 36435045 Dallas TX 75214-3203 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Texas Neurology** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gary Tunell Date of Receipt Mailing Address 6301 Gaston Ave 09 09 2013 Ste 400 West Tower City Zip Code State Transaction ID: 36435047 **Dallas** TX 75214-3922 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Texas Neurology, P.A. Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John B. Townsend Date of Receipt Mailing Address 774 Christiana Rd Ste 201 2013 City Zip Code State Transaction ID: 36438710 DE Newark 19713-4221 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Delaware Neuroscience Specialists** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lawrence E. Green Date of Receipt Mailing Address 16060 Idaho Center Blvd 09 2013 City State Zip Code Transaction ID: 36448014 ID Nampa 83687-5010 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sara G. Austin Date of Receipt Mailing Address 3006 Loveland Cove 09 12 2013 City Zip Code State Transaction ID: 36450453 TX Austin 78746-7635 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Constantine Moschonas Date of Receipt Mailing Address 8113 E Del Cuarzo Dr 2013 City Zip Code State Transaction ID: 36453644 Scottsdale ΑZ 85258-2254 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Four Peaks Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase 09 15 2013 City State Zip Code Transaction ID: 36453646 ΑL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation AL Neurology and Sleep Medicine, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Awais Riaz Date of Receipt Mailing Address 4454-A Kelmscott Lane 09 15 2013 Zip Code State Transaction ID: 36453647 UT Salt Lake City 84124-2580 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Univ. of Utah Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE	NUMBER:	PAGE	E 12 C	)F 2
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

Any information copied from such Reports of for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner  Mailing Address, 7004 Everaledes Dr.		Date of Receipt
Mailing Address 7994 Everglades Dr		09 15 2013
City	State Zip Code	Transaction ID : 36453648
Manlius	NY 13104-8501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
SUNY Upstate Medical University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Alan G. Stein		Date of Receipt
Mailing Address 1301 Punchbowl St		09 15 _2013 _
City	State Zip Code	Transaction ID : 36453649
Honolulu	HI 96813-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
The Queen's Medical Center	Neurologist	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) . Dr. Bradford Lynn Talcott	ı	Date of Receipt
Mailing Address 5636 Veil Dr		09 15 2013
City	State Zip Code	Transaction ID: 36453651
Ammon	ID 83406-8387	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
Self	Neurologist	_
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (option	nal)	500.00
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<b>FOTAL</b> This Period (last page this line nul	mber only)	

	FOR	R LINE	NU	IMBER	:	PAGE	1	13 OI	=	2
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
,		13		14		15		16		٦1

	and Statements may not be sold or used by any per g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Tara Cook		Date of Receipt
Mailing Address 70 Birch Hill Drive		09 15 2013
City	State Zip Code	Transaction ID : 36453652
Jber	AK 99505-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	+
United States Air Force	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen		Date of Receipt
Mailing Address 3141 Neille Lane		09 15 2013
City	State Zip Code	Transaction ID: 36453653
Twinsburg	OH 44087-3808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	175.00
Name of Employer Children's Hospital and Med. Center of	Occupation	
Receipt For:	Physician Pate 7	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1575.00	
Full Name (Last, First, Middle Initial) Mr. David A. Evans		Date of Receipt
Mailing Address 715 Kessler Woods Trail		09 15 2013
City	State Zip Code	Transaction ID: 36453654
Dallas	TX 75208-5610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Texas Neurology	coo	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional	al)	325.00
	<u>,</u>	
OTAL This Period (last page this line num	iber only)	

	FOR LINE	NUMBER	:   PAGE	E 14 C	)F
Use separate schedule(s)	(check only	y one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
,	13	14	15	16	

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Any information copied from such Re or for commercial purposes, other th	eports and Statements may not be sold or used by any pe an using the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of	Neurology BrainPAC	
Full Name (Last, First, Middle Init Dr. Glen R. Finney  Mailing Address 9235 NW 26th Av  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)		Date of Receipt  09 15 2013  Transaction ID : 36453655  Amount of Each Receipt this Period  84.00
Full Name (Last, First, Middle Init Dr. William S. Gilmer  Mailing Address 2323 Dunstan Rd  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State Zip Code TX 77005-2613  C  Occupation Neurologist  Aggregate Year-to-Date ▼  765.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Init  Dr. Madeleine Geraghty  Mailing Address 1803 E Westmins  City Spokane  FEC ID number of contributing federal political committee.  Name of Employer Providence Stroke and TIA Clinic Receipt For:  Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page	(optional)	269.00
TOTAL This Period (last page this	ine number only)	

FOR LINE NUMBER: PAGE 15 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Date of Receipt Mailing Address PO Box 603253 2013 City Zip Code State Transaction ID: 36453658 RΙ 02906-0253 Providence Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ralph F. Jozefowicz Date of Receipt Mailing Address 78 Lac Kine Drive 09 15 2013 City State Zip Code Transaction ID: 36453659 NY Rochester 14618-5608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Rochester Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 09 15 2013 City State Zip Code Transaction ID: 36453661 IL Chicago 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	<b>MBER</b>	:	PAGE	_ 1	16	OF	29	)
Use separate schedule(s) for each category of the	(che	ck only	or	ne)							
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 2013 City State Zip Code Transaction ID: 36453663 Tenafly NJ 07670-1118 Amount of Each Receipt this Period FEC ID number of contributing 415.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3735.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gregory L. Barkley Date of Receipt Mailing Address 2890 Burlington St 09 15 2013 City State Zip Code Transaction ID: 36453664 MI Ann Arbor 48105-1435 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Henry Ford Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Dario M. Zagar Date of Receipt Mailing Address 201 Fairmount Terrace 09 15 2013 City State Zip Code Transaction ID: 36453665 CT Fairfield 06825-1758 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Associated Neurologists of So. Ct. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 565.00 SUBTOTAL of Receipts This Page (optional).....

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

## SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)  American Academy of Neurology	BrainPAC	
VI Neurological Medical Group  Receipt For:  □ Primary □ General  □ Other (specify) ▼	State Zip Code VI 00801-1739  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cainaguilla Nauralagu Craun	400  State Zip Code GA 30501-3861  C  Occupation  Neurologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Swedish Neurosci. Institute, Swedish H	State Zip Code WA 98040-5121  C  Occupation Physician Aggregate Year-to-Date ▼  3100.00	Date of Receipt  M M M / 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 on	ıly)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela Date of Receipt Mailing Address 9878 Zig Zag Road 2013 25 City Zip Code State Transaction ID: 36486008 OH Cincinnati 45242-6311 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Cincinnati, Dept of Neuro Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael R. Yochelson Date of Receipt Mailing Address 3919 Commander Drive 09 27 2013 City State Zip Code Transaction ID: 36491401 MD Hyattsville 20782-1025 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation National Rehabilitation Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory T. Pupillo Date of Receipt Mailing Address 225 9th Street S, 09 28 2013 City Zip Code State Transaction ID: 36492394 WI La Crosse 54601-4145 Amount of Each Receipt this Period FEC ID number of contributing 45.00 С federal political committee. Name of Employer Occupation Franciscan-Skemp Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) 1295.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Amy E. Sanders Date of Receipt Mailing Address 4588 Cascades Drive 2013 City Zip Code State Transaction ID: 36492396 NY Manlius 13104-2369 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **Mmc Medical Center** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 09 28 2013 City State Zip Code Transaction ID: 36492397 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sarah Song Date of Receipt Mailing Address 2045 W. Concord Place, #405 09 28 2013 City State Zip Code Transaction ID: 36492398 IL Chicago 60647-5481 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Rush Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Academy of Neurology	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Carolyn L. Taylor  Mailing Address 4732 Lost Creek Lane		Date of Receipt
		09 28 2013
City	State Zip Code	Transaction ID: 36492399
Bellingham	WA 98229-2574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Northwest Neurology	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Dr. Joseph A. Tornabene	Date of Receipt	
Mailing Address 1234 Millerdale Avenue	0444	09 28 2013
City	State Zip Code	Transaction ID : 36492400
Wenatchee	WA 98801-3188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Wenatchee Valley Med Ctr.	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Dr. Charles W. Brock		Date of Receipt
Mailing Address 17307 San Aringo PI		09 28 2013
City	State Zip Code	Transaction ID: 36492401
Lutz	FL 33548-4820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
University of Florida	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		725.00
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NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Maureen A. Callaghan		Date of Receipt
Mailing Address PO Box 6059 1617 Sylvester St SW		09 28 2013
City	State Zip Code	Transaction ID : 36492402
Olympia	WA 98501-2228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Madigan Army Medical Center / Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogato roar-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Dr. Robert A. Gross	Date of Receipt	
Mailing Address 44 Split Rock Rd	09 28 2013	
City	State Zip Code	Transaction ID : 36492404
Pittsford	NY 14534-1852	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
University of Rochester	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Joseph S. Kass		Date of Receipt
Mailing Address Department of Neurology 6501 Fannin NB-302		09 28 _ 2013 _
City	State Zip Code	Transaction ID : 36492405
Houston	TX 77030-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Baylor College of Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 22 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c	12 16	17
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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 Full Name (Last, First, Middle Initial) Dr. Bibhuti Mishra Date of Receipt Mailing Address 5801 Potomac Ave NW 2013 City Zip Code State Transaction ID: 36492406 DC Washington 20016-2517 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Inova Fairfax Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Sarah M. Benish Date of Receipt Mailing Address 5949 Bradbury Court 09 28 2013 City State Zip Code Transaction ID: 36492408 MN Inver Grove Heights 55076-1597 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Fairview Health Services Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Donald S. Gervais Jr. Date of Receipt Mailing Address 8120 Main St Ste 400 09 28 2013 City State Zip Code Transaction ID: 36492412 LA Houma 70360-3403 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer Occupation Southeast Neuroscience Center of Excel Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2575.00 SUBTOTAL of Receipts This Page (optional)..... 17145.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	TOMBETT.	PAGE 23 OF 29					
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NAME OF COMMITTEE (In Full)									
American Academy of Neurology I	BrainPAC								
Full Name (Last, First, Middle Initial)			Date of Dist						
A. Van Hollen For Congress			Date of Disbursement	YYYY					
Mailing Address 10537 St. Paul St.			09 09 2013						
City	State Zip Code		Transaction ID: 3642	29926					
Kensington Purpose of Disbursement	MD 20895								
Campaign Contribution		011	Amount of Each Disbu	rsement this Period					
Candidate Name		Category/		2500.00					
Rep. Chris Van Hollen	mont For: 004 f	Type		2500.00					
Senate President	ment For: 2014 Primary General Other (specify) ▼		Campaign Contribution						
State: MD District: 08									
Full Name (Last, First, Middle Initial)  B. Friends Of Lois Capps			Date of Disbursement						
Mailing Address P.O. Box 23940			09 / 09 /	2013					
City Santa Barbara	State Zip Code CA 93121		Transaction ID: 3642	29927					
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbu	rsement this Period					
Candidate Name		Category/		1000.00					
Rep. Lois Capps		Туре	1000.0						
	ment For: 2014 Primary General Other (specify)		Campaign Contribution						
Full Name (Last, First, Middle Initial)									
C. Jim Gerlach For Congress Commi	ttee		Date of Disbursement	YYYY					
Mailing Address PO Box 87			09 09	2013					
City Uwchland	State Zip Code PA 19480		Transaction ID: 3642	29928					
Purpose of Disbursement Campaign Contribution		011	Amount of Fook Dishu	roomant this Daviad					
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Rep. James W. Gerlach		Category/ Type		1000.00					
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VA 22152										
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	Mailing Address PO Box 1096				09	16	2013					
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В.	Michael Burgess For Congress				Date o	f Disbursem	nent					
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	Mailing Address PO Box 2334				09	16	2013					
		State	Zip Code		Transaction ID : 36456391							
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	Campaign Contribution			011	Amoun	t of Each D	isbursement this Period					
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	Rep. Michael C. Burgess M.D.			Type	2500.00							
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C.	Crowley For Congress				Date o	f Disbursem	nent					
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	Mailing Address 84-56 Grand Avenue				09	16	2013					
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American Academy of Neurology	BrainPAC		
American Academy of Neurology	Diami AO		
Full Name (Last, First, Middle Initial)			
A. Mccollum For Congress			Date of Disbursement
Mailian Address D.O.D. 44404			M M / D D / Y Y Y Y
Mailing Address P.O. Box 14131			09 16 2013
City	State Zip Code		
St. Paul	MN 55114		Transaction ID: 36456524
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Betty McCollum  Office Sought:  House Disburs	sement For: 2014	Туре	
Senate	Primary General		Campaign Contribution
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State: MN District: 04			
Full Name (Last, First, Middle Initial)			
B. Tim Scott For Senate			Date of Disbursement
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Mailing Address 1405 Ashley River Road			09 16 2013
City	State Zip Code		
Charleston	SC 29407		Transaction ID: 36463375
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Tim Scott		Category/	1000.00
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C. Michael Grimm For Congress			Date of Disbursement
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Mailing Address PO Box 61806			09 16 2013
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Staten Island	NY 10306		Transaction ID: 36463377
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Candidate Name		011	Amount of Each Disbursement this Period
Rep. Michael G. Grimm		Category/	1000.00
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	Gaithersburg		Zip Code 20878			Transaction ID: 36463431									
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 28 OF 29											
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		26							
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American Academy of Neurology B	BrainPAC										
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A. Mckinley For Congress	Date of Disbursement										
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Morgantown	WV 26507		Transaction ID: 36479733								
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B. Paul Tonko For Congress		Date of Disbursement									
Mailing Address 911 Central Avenue PO Box 221			09 25 2013								
Albany	State Zip Code NY 12206		Transaction ID: 36484316								
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C. Mike Thompson For Congress	Date of Disbursement										
Mailing Address 5429 Madison Avenue	09 30 2013										
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Sacramento	CA 95841		Transaction ID: 36492719								
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