Image# 12963868567			-		PAGE 1 / 27
	PORT OF F ID DISBURS Other Than An Author	SEMENT	S	Office	
	E OR PRINT V	Example: If typir	ng, type	2FE4M5	Use Only
COMMITTEE (in full)		over the lines.			
American Academy of Neu	urology BrainPAC				
ADDRESS (number and street)	9b 2nd St NE				
Check if different	ower Level				
the second se	/ashington			DC 200	02
2. FEC IDENTIFICATION NUMBE	ER V CITY	A	ST		ZIP CODE
C C00435933	3. IS RE		NEW N) OR	X AMENDE (A)	D
 4. TYPE OF REPORT (if (Choose One) (a) Quarterly Reports: April 15 	Report Due On: Mar 2	0 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M10	(Non-Election Year Only)) Dec 20 (M12 (Non-Election Year Only)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12F		General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Election	on /	D D / Y	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	K General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on 11 /	06 / Y	2012	in the State of MN
5. Covering Period	18 / Y Y Y Y 18 2012	through	M M /		2012
I certify that I have examined this Re	-	ny knowledge and I	belief it is true,	, correct and comp	lete.
Type or Print Name of Treasurer M	r. Timothy J. Engel				
Signature of Treasurer	y J. Engel	[Electronically	y Filed] Dat		27 / Y Y Y Y Y 2012
NOTE: Submission of false, erroneous,	or incomplete information	may subject the pers	son signing this	Report to the pena	Ities of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

12/27/2012 09 : 17

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	or neoch to and biobonochicinento	Page 2
V	Irite or Type Committee Name		
/	American Academy of Neurolog	y BrainPAC	
R	eport Covering the Period: From:	10 18 2012 T	o: 11 26 / Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		155948.02
	(b) Cash on Hand at Beginning of Reporting Period	. 79465.02	
	(c) Total Receipts (from Line 19)	. 35089.00	267615.21
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	. 114554.02	423563.23
7.	Total Disbursements (from Line 31)	11500.00	320509.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 103054.02	103054.02
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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

 ibutions (other than loans) From: ndividuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	14879.00 20210.00 35089.00 0.00 0.00	174887.00 80304.00 255191.00 0.00
Than Political Committees (i) Itemized (use Schedule A)	20210.00 35089.00 0.00	80304.00
 (i) Itemized (use Schedule A)	20210.00 35089.00 0.00	80304.00
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)	20210.00 35089.00 0.00	80304.00
 iii) TOTAL (add Lines 11(a)(i) and (ii)	35089.00 0.00	255191.00
 iii) TOTAL (add Lines 11(a)(i) and (ii)	35089.00 0.00	255191.00
Lines 11(a)(i) and (ii)	0.00	
Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines		0.00
Other Political Committees (such as PACs) Total Contributions (add Lines		0.00
(such as PACs)	0.00	
Total Contributions (add Lines	0.00	
		0.00
11(a)(iii), (b), and (c)) (Carry		
	05000.00	255404.00
Totals to Line 33, page 5)▶	35089.00	255191.00
sfers From Affiliated/Other	0.00	0.00
Committees	0.00	0.00
Page Received	0.00	0.00
	7 7 7	
Demonstrate Descripted	0.00	0.0
	0.00	0.00
	0.00	0.00
	······································	7 7 7
	0.00	8900.00
	0.00	3524.21
on-Federal Account		
	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.0
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Committees bans Received Repayments Received its To Operating Expenditures unds, Rebates, etc.) y Totals to Line 37, page 5) hds of Contributions Made ederal Candidates and Other cal Committees r Federal Receipts dends, Interest, etc.) sfers from Non-Federal and Levin Funds on-Federal Account (from Schedule H3) evin Funds (from Schedule H5)	bans Received Repayments Received ts To Operating Expenditures unds, Rebates, etc.) y Totals to Line 37, page 5) y Totals to Line 37, page 5) nds of Contributions Made oderal Candidates and Other cal Committees cal Committees r Federal Receipts dends, Interest, etc.) on-Federal Account (from Schedule H3) (from Schedule H5)

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 Schedule H4)					
(i) Federal Share	0.00	0.0			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	0.00	0.0			
(c) Total Operating Expenditures	0.00	0.0			
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party		7 7 7			
Committees Contributions to	0.00	0.0			
Federal Candidates/Committees and Other Political Committees	11500.00	314900.00			
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0			
Coordinated Party Expenditures (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	2085.0			
(b) Political Party Committees	0.00	0.0			
(c) Other Political Committees					
(such as PACs)	0.00	0.0			
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	2085.0			
Other Disbursements	0.00	3524.2			
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	0.0			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11500.00	320509.2			
Total Federal Disbursements	7 7 7	7			
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	11500.00	320509.21			

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	35089.00	255191.00
. Total Contribution Refunds (from Line 28(d))	0.00	2085.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35089.00	253106.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

Amending to add omitted \$250 contribution from Dr. Rodica Petrea on 11/2/2012.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

27

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. David N. McCollum Mailing Address 125 Brackish Place City Ocean Springs FEC ID number of contributing federal political committee. Name of Employer Singing River Hospital Receipt For: Primary General Other (specify) ▼	State MS C Occupation Neurologist Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Lalitha Sivaswamy Mailing Address 3901 Beaubien Blvd. Pediatric Neurology-3rd Floor City Detroit FEC ID number of contributing federal political committee. Name of Employer Detroit Medical Center Receipt For: Primary General Other (specify) ▼	State MI C Occupation Neurologist		Date of Receipt 10 19 2012 Transaction ID : 35411864 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Dr. Thomas A. Ala Mailing Address 310 Long Bay Dr City Springfield FEC ID number of contributing federal political committee. Name of Employer Southern Illinois University - School Receipt For: Primary General Other (specify) ▼	State IL Occupation Associate F Aggregate		Date of Receipt 10 19 2012 Transaction ID : 35411866 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)			500.00

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

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PAGE 8 OF

27

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC	
Full Name (Last, First, Middle Initial) Dr. Austin J. Sumner Mailing Address 625 Saint Charles Ave Apt 11A City State New Orleans LA FEC ID number of contributing federal political committee. C Name of Employer Occupate LSU Health Sci Ctr/Dept of Neurology Physicia Receipt For: Aggregate Other (specify) ▼ C		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. John C. Mazziotta Mailing Address 660 Charles E Young Dr S City State Los Angeles CA FEC ID number of contributing federal political committee. C Name of Employer UCLA School of Medicine Occupat Neurolog Receipt For: Aggregat Primary General Other (specify) ▼ Image: Construction of the construction		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Lancelot O. Alexander Mailing Address 427 Via Del Rey City State Monterey CA FEC ID number of contributing federal political committee. C Name of Employer Occupate Self Physicia Receipt For: Aggregate Other (specify) ▼ Image: Content of the system of the sy		Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	2250.00

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PAGE 9 OF

27

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17	
Any information copied from such Reports and s or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. Mehdi M. Meratee Mailing Address 28212 Kelly Johnson Pkwy S Southern California Neurologi City Valencia FEC ID number of contributing federal political committee. Name of Employer So California Neurologic Center Receipt For: Primary General Other (specify) ▼	ical C State CA C Occupation Neurologist				/ sactio	29 on ID :	3546540	his Period	d 0.00	
Full Name (Last, First, Middle Initial) Dr. Edward F. Good Mailing Address 4737 Banning Dr City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State TX C Occupation Neurologist Aggregate				/ actio	29 n ID :	3546547	his Period	d 0.00	_
Full Name (Last, First, Middle Initial) Dr. Mahesh D. Chhabria Mailing Address 3 Parkinson's Road City East Stroudsburg FEC ID number of contributing federal political committee. Name of Employer Neurology Associates of Monroe County Receipt For: Primary General Other (specify)	State PA C Occupation Neurologist Aggregate				/ sactio	29 on ID :	: 354654	his Period	d 5.00	
SUBTOTAL of Receipts This Page (optional)		····· •			,			425	5.00	

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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 10 OF

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		Detailed Summary Page	×	11a		11b	11c	12		ר			
Any information copied from such Reports	and Statements m	Av not be sold or used by any n	erson f	13 for the		14 Dose of	15 soliciting	16 a contrib		17			
or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full)													
ight angle American Academy of Neur	ology BrainP	AC											
Full Name (Last, First, Middle Initial) A. Dr. Gregory L. Barkley				Date o	f Re	ceipt							
Mailing Address 2890 Burlington St			10 29 2012										
City	State	Zip Code			acti		3546559			÷			
Ann Arbor	MI	48105-1435	/	Amoun	t of	Each F	Receipt th	nis Perio	d				
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Name of Employer	Occupation	1	_										
Henry Ford Hospital	Neurologist												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1000.00											
Full Name (Last, First, Middle Initial)													
B. Dr. Madeleine Geraghty			I	Date of	f Re	ceipt							
Mailing Address 1803 E Westminster Ln				м м 10	1	29		2012	Y]			
City	State	Zip Code					3546560						
Spokane	WA	99223-8406	/	Amoun	t of	Each F	Receipt th	nis Perio	d				
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Name of Employer	Occupation	1											
Providence Stroke and TIA Clinic	Neurologist												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		000.00	11										
Other (specify)		, 800.00											
Full Name (Last, First, Middle Initial) C. Dr. Todd J. Janus			1	Date o	f Re	ceipt							
Mailing Address 4008 Muskogee Avenue	Mailing Address 4008 Muskogee Avenue						D / Y	y y 2012	Y	1			
City	State	Zip Code		Trans	sact	ion ID :	354656	07					
Des Moines	IA	50312-4627	/	Amoun	t of	Each F	Receipt th	nis Perio	d				
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Name of Employer	Occupation	l											
Iowa Health Physicians	Neurologis	t											
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PAGE 11 OF

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\backslash	NAME OF COMMITTEE (In Full)											
	American Academy of Neurolo	ogy BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Jerome Lisk				Date of	f Recei	pt					
	Mailing Address 65 N Madison Ave Ste 410				м м 10	/ [29			у 012	Y	
	City	State	Zip Code			action						
	Pasadena	CA	91101-2049		Amount	t of Ea	ch F	Receipt	t this F	Period		
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	Southern California Mvmnt Dis	Neurologist	t									
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	Primary General			11.								
	Other (specify)		800.00									
в.	Full Name (Last, First, Middle Initial) Dr. Gregory T. Pupillo				Date of	f Recei	pt					
	Mailing Address 225 9th Street S,				M M 10	/ [29			у 012	Y	
	City	State	Zip Code		Trans	action	ID :	35465				
	La Crosse	WI	54601-4145		Amount	t of Ea	ch F	Receipt	t this F	Period		
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	Franciscan-Skemp Healthcare	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]								
— C.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee				Date of	f Recei	pt					
	Mailing Address 1199 Sennebec Rd				M M		29			012	Y	
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	Name of Employer	Occupation	1									
	Penobscot Bay Medical Center	Physician										
	Receipt For:		Year-to-Date ▼									
	Primary General	Aygreyale		- L.								
	Other (specify)		1000.00									
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 12 OF

27

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC	
Full Name (Last, First, Middle Initial) A. Dr. Sarah Song Mailing Address 2045 W. Concord Place, #405 City Chicago FEC ID number of contributing federal political committee. Name of Employer Georgetown University Hospital Receipt For: Primary General Other (specify)	State IL Occupation Neurologist		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Thomas Swanson Mailing Address 5748 Prospect Dr Address 3 City Missoula FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State MT C Occupation Physician Aggregate	Zip Code 59808-8608 Year-to-Date ▼ 900.00	Date of Receipt 10 29 2012 Transaction ID : 35465622 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Mailing Address Mailing Address 11 Bellwether Way Suite 210 City Bellingham FEC ID number of contributing federal political committee. Name of Employer Northwest Neurology Receipt For: Primary General Other (specify)	State WA C Occupation Physician Aggregate	Zip Code 98229-2574 Year-to-Date ▼ 1000.00	Date of Receipt 10 29 2012 Transaction ID : 35465624 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		••••••	550.00

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Use separate schedule(s)

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PAGE

13 OF

27

(check only one) for each category of the X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Mark S. Corazza Α. Date of Receipt Mailing Address 2431 Castillo St M M / 2012 10 29 City State Zip Code Transaction ID: 35465681 CA Santa Barbara 93105-4301 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Debbie Moschonas Date of Receipt Mailing Address 8113 E Del Cuarzo Dr M M 10 2012 31 City State Zip Code Transaction ID: 35466799 Scottsdale ΑZ 85258-2254 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Name of Employer Occupation Four Peaks Neurology Administrator Receipt For: Aggregate Year-to-Date ▼ Primarv General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. John R. Wilson Date of Receipt Mailing Address 928 Mapleton Ave M = M / D 2012 10 31 Zip Code City State Transaction ID: 35466983 IL Oak Park 60302 Amount of Each Receipt this Period FEC ID number of contributing С 1200.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)				,		7	25	00.00)
TOTAL This Period (last page this line number only)	E			,		7			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 14 OF

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	for commercial purposes, other than using the													
\square	NAME OF COMMITTEE (In Full)												_	
$\left \right\rangle$	American Academy of Neurolog	gy BrainP	AC											
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson						De							
Α.	Mailing Address 428 E 72nd St Ofc 400				U	ate of								
	Maining Address 426 E 72Nd St Old 400					м м 10	1	31	/ Y		012	Y		
	City	State	Zip Code				acti		3546699		0.12			
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	FEC ID number of contributing federal political committee.	С						,		_	1000	.00]	
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	Weill Cornell	Physician												
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	Primary General		1000.00											
	Other (specify)		1000.00											
_	Full Name (Last, First, Middle Initial)													
В.	Dr. Gustavo C. Roman				D	ate of	Re	ceipt						
	Mailing Address 6560 Fannin Street, Suite 802	2			_	M M	/	D D	/ Y	Y	Y	Y		
	Methodist Neurological Institu				L	10		31	JL	20	012			
	City	State	Zip Code						3546699					
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	Name of Employer	e of Employer Occupation												
	Methodist Hospital Houston TX	Neurologist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		500.00											
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,											
с.	Full Name (Last, First, Middle Initial) Dr. Richard Earl Popwell Jr.				D	ate of	Re	ceipt						
	Mailing Address 42 E. Fieldview Circle				ſ	м м 10	/	31	/ Y) 12	Y		
	City	State	Zip Code		1	Trans	acti	on ID :	3546699	99				
	Bozeman	MT	59715-7180		A	mount	of	Each R	eceipt th	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С						,		_	250	.00		
	Name of Employer	Occupation	I	\neg										
	Deaconess Health Group	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
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PAGE 15 OF

27

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	y information copied from such Reports and S for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
	American Academy of Neurolog	gy BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Marvin H. Rorick				Date of	f Re	eceipt					
	Mailing Address 10550 Montgomery Rd Ste 3	3			м м 10	/	31) / Y		ү 012	Y	
	City	State	Zip Code		Trans	act	ion ID :	3546798				
	Cincinnati	OH	45242-4422	Amoun	t of	Each R	eceipt thi	is P	'eriod			
	FEC ID number of contributing federal political committee.	С					7		_	550	.00	
	Name of Employer	Occupatior	l									
	Riverhills Healthcare Corp	Physician										
	Receipt For:		Year-to-Date ▼									
	Primary General	Aggregate		11								
	Other (specify)	L	550.00									
В.	Full Name (Last, First, Middle Initial) Dr. Bridglal Ramkissoon				Date of	f Re	eceipt					
	Mailing Address 6801 Highway US 27 North SUITE A-3				M M 10		31	/ Y)12	Y	
	City	State	Zip Code			act		35467998		_		
	Sebring	FL	33870					Receipt thi		'eriod		
	FEC ID number of contributing federal political committee.	nmittee.							_	500	.00	
	Name of Employer	Employer Occupation										
	Neurology Associates	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
с.	Full Name (Last, First, Middle Initial) Dr. David C. Anderson				Date of	f Re	eceipt					
	Mailing Address 2022 Summit Avenue				1 <u>0</u>	/	29) / Y)12	Y	
	City	State	Zip Code		Trans	sact	ion ID :	3546929	1			
	Saint Paul	MN	55105-1460		Amoun	t of	Each R	Receipt thi	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	100	.00	
	Name of Employer	Occupation		-								
	Univ of Minnesota	Neurologis	t									
	Receipt For:	- 1	Year-to-Date ▼	\neg								
	Primary General	Ayyreyale										
	Other (specify)	L	300.00									
s	UBTOTAL of Receipts This Page (optional)			•	[.	ī				1150.	00	٦

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Use separate schedule(s) for each category of the

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PAGE 16 OF

27

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. Diane E. Ross Mailing Address 2160 East Pass Rd City Gulfport FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State MS C Occupation Neurologist Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. John W. Henson Mailing Address 9420 SE 54th Street City Mercer Island FEC ID number of contributing federal political committee. Name of Employer Swedish Neuroscience Institute Receipt For: Primary General Other (specify) ▼	State WA C Occupation Physician Aggregate	Zip Code 98040-5121 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Frederick E. Munschauer I Mailing Address 133 Boston Post Rd City Weston FEC ID number of contributing federal political committee. Name of Employer Baird MS Research Center Receipt For: Primary General Other (specify) ▼	State MA C Occupation Neurologist		Date of Receipt
SUBTOTAL of Receipts This Page (optional	al)		600.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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PAGE 17 OF

27

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
Neurology Mgmt. Services N	State Zip Code TX 78023 C Decupation leurologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Volunteer R	State Zip Code AL 36608-1809 C Decupation etired Aggregate Year-to-Date 450.00	Date of Receipt 11 02 2012 Transaction ID : 35470361 Amount of Each Receipt this Period 100.00
Western Neurological Associates, P.C.	State Zip Code UT 84124-1216 C Decupation Physician Aggregate Year-to-Date ▼ 500.00 7	Date of Receipt 11 05 2012 Transaction ID : 35471903 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		850.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 18 OF

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) American Academy of Neurology E	BrainPAC	
Grants Pass FEC ID number of contributing federal political committee. Name of Employer Self Pagoint Enr:	State Zip Code OR 97527 C C C C C C C C C C C C C C C C C C C	Date of Receipt
La Crosse FEC ID number of contributing federal political committee. Name of Employer Gundersen Lutheran Recoint For:	State Zip Code WI 54601-5467 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Ocean Springs FEC ID number of contributing federal political committee. Name of Employer Singing River Hospital Description	State Zip Code MS 39564 C C C C C C C C C C C C C C C C C C C	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1250.00

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PAGE 19 OF

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	y information copied from such Reports and for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Richard G. Hunter Mailing Address 3583 Dumbarton Rd NW City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self	Date of Receipt		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton III Mailing Address 2 Clearview Dr	Date of Receipt		
	City Danville	State PA	Zip Code 17821	Transaction ID : 35505190 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer Geisinger Health system	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2350.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. John F. Kurtzke	1		Date of Receipt
	Mailing Address 7509 Salem Rd			M M / D D / Y Y Y Y 11 09 2012
	City Falls Church	State VA	Zip Code 22043-3240	Transaction ID : 35505194 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	_
	Uniformed Services University Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		······ •	300.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 20 OF

27

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	s and Statements may not be sold or used by any sing the name and address of any political committe	
NAME OF COMMITTEE (In Full) American Academy of Neu	Irology BrainPAC	
Full Name (Last, First, Middle Initial) Dr. James J. Corbett Mailing Address 1402 Bay Vista Drive City Brandon FEC ID number of contributing federal political committee. Name of Employer Univ of MS Med Ctr Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39047-8654 C Occupation Physician Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane City Twinsburg FEC ID number of contributing federal political committee. Name of Employer Children's Hospital and Med. Center of Receipt For:	State Zip Code OH 44087 C Occupation Physician	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) The second sec	Aggregate Year-to-Date ▼ 1900.00 State Zip Code FL 32606-9180 C	Date of Receipt 11 15 2012 Transaction ID : 35506120 Amount of Each Receipt this Period 84.00
federal political committee. Name of Employer Univ. of FL Dept. of Neurology Receipt For: Primary General Other (specify) ▼	Occupation Behavioral Neurology Aggregate Year-to-Date ▼ 924.00	334.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

27

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neu	rology BrainP	AC	
Full Name (Last, First, Middle Initial) 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 TX C Occupation Neurologist Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis Mailing Address 1725 W Harrison St Ste City Chicago FEC ID number of contributing federal political committee. Name of Employer Rush Univ. Med. Ctr. Receipt For: Primary General Other (specify) ▼	State IL Occupation Physician	Zip Code 60612-3845 Year-to-Date ▼ 1100.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Uma Menon Mailing Address 925 Common St Apt 10 City New Orleans FEC ID number of contributing federal political committee. Name of Employer Tulane University Receipt For: Primary General Other (specify) ▼	State LA Occupation Neurologist		Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		205.00

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PAGE 22 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
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NAME OF COMMITTEE (In Full) American Academy of Neurolog									
Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Mailing Address 34 Stonybrook Road City Tenafly FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State NJ C Occupation Physician Aggregate	Zip Code 07670 Year-to-Date ▼ 4500.00			sactio	15 on ID :	: 3550612	nis Perioc	d 0.00
Full Name (Last, First, Middle Initial) Dr. Amie L. Peterson Mailing Address 3846 SE Alder St City Portland FEC ID number of contributing federal political committee. Name of Employer Portland VA / OHSO Receipt For: Primary General Other (specify)	State OR C Occupation Physician Aggregate	Zip Code 97214-3226 Year-to-Date ▼ 220.00			sactio	15 0n ID :	; : 3550613	nis Perioc	d 0.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Dr. Daniel C. Potts Mailing Address 136 Covey Chase City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer AL Neurology and Sleep Medicine, P.C. Receipt For: Primary General Other (specify) ▼	State AL Occupation Physician Aggregate	Zip Code 35406-1801			sacti	15 on ID	; : 355061;	nis Perioc	_
SUBTOTAL of Receipts This Page (optional)			•			,	3	620	0.00

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PAGE 23 OF

27

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi Mailing Address 2741 Belgrave Rd City Pepper Pike FEC ID number of contributing federal political committee. Name of Employer Parma Neurology Receipt For: Primary General Other (specify) ▼	State OH C Occupation Neurologist Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Dario M. Zagar Mailing Address 127 Brookview Ave City Fairfield FEC ID number of contributing federal political committee. Name of Employer Associated Neurologists of So. Ct. Receipt For: Primary General Other (specify) ▼	State CT C Occupation Physician Aggregate	Zip Code 06825-1867 Year-to-Date ▼ 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto Mailing Address 553 N. Mobile Street City Fairhope FEC ID number of contributing federal political committee. Name of Employer Neurology: Child and Adult, P.C. Receipt For: Primary General Other (specify) ▼	State AL C Occupation Physician Aggregate	Zip Code 36532 Year-to-Date ▼ 750.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	l)		400.00

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PAGE 24 OF

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Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or u ddress of any politi	sed by any p cal committee	erson e to so	for the	pur ntrib	pose of	soliciting	g co h co	ntribut	ions				
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC													
Α.	Full Name (Last, First, Middle Initial) Dr. Brian A. Trimble					Date of	Re	ceipt								
	Mailing Address 4320 Diplomacy Dr Suite 2800		7. 0. 1.			M M		12		2	9 012	Y				
	City Anchorage	State AK	Zip Code 99508-5926		-				3550728							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period												
	Name of Employer	e of Employer Occupation														
	Alaska Native Medical Center	Neurologist														
	Receipt For: Primary General Other (specify) ▼	1														
B.	Full Name (Last, First, Middle Initial) Dr. Patrick J. Lavin		Date of	Re	ceipt											
	Mailing Address A-0118 MEDICAL CENTER NO AVENUE SOUTH		M M	1	19		20)12	Y							
	City Nashville	State TN	Zip Code 37232-2551		-				3552046							
	FEC ID number of contributing federal political committee.	С	57252-2351		Amount of Each Receipt this Period											
	Name of Employer Dept of Neuro/VUMC	Occupation Neurologist														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00												
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Yung K. Kho					Date of	Re	ceipt								
	Mailing Address 3267 New Hope Rd					м м 11	1	26)12	Y				
	City Grants Pass	State OR	Zip Code 97527		_				3552500 Receipt th		'eriod					
	FEC ID number of contributing federal political committee.	С			100.00											
	Name of Employer	Occupation														
	Self Receipt For:	Neurologist														
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	600.00												
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 25 OF

27

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
		hy person for the purpose of soliciting contributions nittee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainPAC							
Full Name (Last, First, Middle Initial) A. Dr. Deborah Hirtz Mailing Address 15 Hesketh St City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer NIH/NINDS Receipt For: Primary General Other (specify)	State Zip Code MD 20815-4224 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt						
Full Name (Last, First, Middle Initial) B. Dr. Rodica E. Petrea Mailing Address 220 South 31st Street, Apt. # 3 City Omaha FEC ID number of contributing federal political committee. Name of Employer Creighton University School of Medicin Receipt For: Primary General Other (specify) ▼	3503 State Zip Code NE 68131 C Occupation Neurologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt						
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date	Date of Receipt						
State Zip Code Transaction ID : 35546321 Chevy Chase MD 20815-4224 Amount of Each Receipt this Period EC ID number of contributing ederal political committee. C 100.00 NIHAININDS Physician Receipt For: 100.00 Primary General Occupation Physician DT. Rodica E. Petrea Aggregate Year-to-Date ▼ Date of Receipt Malling Address 220 Code Transaction ID : 3554953 Omana NE 68131 Tec ID number of contributing ederal political committee. C 250.00 City State Zip Code Transaction ID : 3564958 Amount of Each Receipt this Period C 250.00 Transaction ID : 3564958 Amount of Each Receipt this Period C 250.00 Transaction ID : 3564958 Amount of Each Receipt this Period C 250.00 Transaction ID : 3564958 Amount of Each Receipt this Period C 250.00 Transaction ID : 3564958 Amount of Each Receipt Tor: Aggregate Year-to-Date ▼ Amount of Each Receipt this Period FeC ID number of contributing ederal political committee. C								

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S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 26 OF 27								
IT	EMIZED DISBURSEMENTS	Use separate scho for each category Detailed Summary	of the	(check only 21b	one) 22 X 23 24 25 26								
	y information copied from such Reports and State for commercial purposes, other than using the na												
\square	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	American Academy of Neurology	BrainPAC											
Α.	Full Name (Last, First, Middle Initial) Denny Heck For Congress		Date of Disbursement										
	Mailing Address PO Box 235		10 31 2012										
	City Olympia	State Zip Coo WA 98507	de		Transaction ID : 35466771								
	Purpose of Disbursement Campaign Contribution			011	Amount of Each Disbursement this Period								
	Candidate Name Mr. Dennis Heck			Category/ Type	500.00								
	Office Sought: House Disburse Senate President State: WA District: 10	Sought: House Disbursement For: 2012 Senate Primary ✓ General President Other (specify) ▼											
в.	Full Name (Last, First, Middle Initial) Bob Casey For Senate Inc Mailing Address 30 South 15th Street Suite 400		Date of Disbursement										
	City	State Zip Coo	de		Transaction ID : 35466772								
	Philadelphia Purpose of Disbursement	PA 19102											
	Campaign Contribution Candidate Name			011	Amount of Each Disbursement this Period								
	Sen. Robert P. Casey Jr.	Category/ Type	1000.00										
	Office Sought: House Disburse X Senate President State: PA District:	ement For: 2012 Primary X Ge Other (specify) ▼	eneral		Campaign Contribution								
c.	Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '14				Date of Disbursement								
	Mailing Address PO Box 1496	ling Address PO Box 1496											
	City Louisville	State Zip Coo KY 40201	de		Transaction ID : 35489981								
	Purpose of Disbursement Campaign Contribution												
	Candidate Name Sen. Mitch McConnell			Category/ Type	5000.00 Campaign Contribution								
	Office Sought: House Disburse Senate President State: KY District:	ement For: 2014 Primary X Ge Other (specify) ▼	eneral										
⊢	UBTOTAL of Disbursements This Page (optional).				6500.00								

S	CHEDULE B (FEC Form 3X)			FC	DR I	LINE N	IUMBE	۹:			PA	GE	27	OF 27			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			only 21b							25	26				
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam																
\backslash	NAME OF COMMITTEE (In Full)		-														
	American Academy of Neurology E	BrainPAG															
	Full Name (Last, First, Middle Initial)	. =					Date of Disbursement										
А.	Bera for Congress Every Vote Counts Fund																
	Mailing Address PO Box 582496							11 13 2012									
	5	State CA	Zip Code				Transaction ID : 35504691										
	Elk Grove Purpose of Disbursement	CA	95758	_		_											
	Recount Contribution			0	11		Amou	nt of	Eac	h C	Disburse	ment	t this	Period			
	Candidate Name			Cate	egor /pe	y/	2500.00										
	Office Sought: House Disburser	nent For:			/he												
	Senate	Primary	General				Recount Contribution										
	State: District:	Other (spe	city) 🔻														
_	Full Name (Last, First, Middle Initial)																
В.	Charles Boustany Jr. Md For Cong	ress, In	С.				Date	of Di	sbur	sen	nent						
	Mailing Address PO Box 80126						11 13 2012										
													•				
	Lafayette	State LA	Zip Code 70598				Transaction ID : 35504706										
	Purpose of Disbursement Runoff Campaign Contribution		0	11		Amount of Each Disbursement this Period											
Candidate Name						y/											
	Rep. Charles W. Boustany Jr.		Ту	/pe		2500.00											
	Office Sought: X House Disbursement For: 2012 Senate Primary General						Runoff Campaign Contribution										
President X Other (specify)																	
	State: LA District: 07		Runoff2012														
C.	Full Name (Last, First, Middle Initial) C.					Date	of Di	sbur	sen	nent							
	Mailing Address								L								
	City State Zip Code Purpose of Disbursement																
							-										
Candidate Name					egor /pe	y/	Amount of Each Disbursement this Period										
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General cify) ▼														
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