



**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="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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14879.00	174887.00
(ii) Unitemized .....	20210.00	80304.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35089.00	255191.00
(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) .....	35089.00	255191.00
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	8900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3524.21
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))..... ▶	35089.00	267615.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35089.00	267615.21

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	11500.00	314900.00
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	2085.00
(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	2085.00
29. Other Disbursements .....	0.00	3524.21
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)) ..	11500.00	320509.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	320509.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	35089.00	255191.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2085.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35089.00	253106.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

**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 27
	<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. David N. McCollum**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Brackish Place

City Ocean Springs State MS Zip Code 39564

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

Name of Employer Singing River Hospital Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 35406544**

Amount of Each Receipt this Period 200.00

**B. Dr. Lalitha Sivaswamy**  
Full Name (Last, First, Middle Initial)

Mailing Address 3901 Beaubien Blvd.  
Pediatric Neurology-3rd Floor-Main

City Detroit State MI Zip Code 48201-2119

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

Name of Employer Detroit Medical Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 35411864**

Amount of Each Receipt this Period 200.00

**C. Dr. Thomas A. Ala**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 Long Bay Dr

City Springfield State IL Zip Code 62712-5530

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

Name of Employer Southern Illinois University - School Occupation Associate Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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)..... ▶

**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 8 OF 27
	<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. Austin J. Sumner**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 Saint Charles Ave Apt 11A

City New Orleans	State LA	Zip Code 70130-3430
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FEC ID number of contributing federal political committee. **C**

Name of Employer LSU Health Sci Ctr/Dept of Neurology	Occupation Physician
--	-------------------------

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
10		25		2012

**Transaction ID : 35453492**

Amount of Each Receipt this Period  
1000.00

**B. Dr. John C. Mazziotta**  
Full Name (Last, First, Middle Initial)

Mailing Address 660 Charles E Young Dr S

City Los Angeles	State CA	Zip Code 90095-8347
---------------------	-------------	------------------------

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

Name of Employer UCLA School of Medicine	Occupation 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
10		25		2012

**Transaction ID : 35453502**

Amount of Each Receipt this Period  
1000.00

**c. Dr. Lancelot O. Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 427 Via Del Rey

City Monterey	State CA	Zip Code 93940
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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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

**Transaction ID : 35457710**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 9 OF 27
	<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. Mehdi M. Meratee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28212 Kelly Johnson Pkwy Ste 235  
 Southern California Neurological C  
 City Valencia State CA Zip Code 91355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer So California Neurologic Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465409**  
 Amount of Each Receipt this Period  
**100.00**

**B. Dr. Edward F. Good**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4737 Banning Dr  
 City Houston State TX Zip Code 77027  
 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 **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465475**  
 Amount of Each Receipt this Period  
**200.00**

**C. Dr. Mahesh D. Chhabria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Parkinson's Road  
 City East Stroudsburg State PA Zip Code 18301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology Associates of Monroe County 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 Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465480**  
 Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **425.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 27
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465596**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Madeleine Geraghty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1803 E Westminster Ln  
 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 ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465605**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Todd J. Janus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Muskogee Avenue  
 City Des Moines State IA Zip Code 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health Physicians Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465607**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 27
	<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. Jerome Lisk**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 N Madison Ave Ste 410

City	State	Zip Code
Pasadena	CA	91101-2049

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

Name of Employer	Occupation
Southern California Mvmnt Dis	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : 35465609**

Amount of Each Receipt this Period  

100.00
--------

**B. Dr. Gregory T. Pupillo**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 9th Street S,

City	State	Zip Code
La Crosse	WI	54601-4145

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

Name of Employer	Occupation
Franciscan-Skemp Healthcare	Physician

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
10	/	29	/	2012

**Transaction ID : 35465611**

Amount of Each Receipt this Period  

45.00
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**C. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City	State	Zip Code
Union	ME	04862-4628

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

Name of Employer	Occupation
Penobscot Bay Medical Center	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : 35465616**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>245.00</b>
<b>TOTAL</b> 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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Sarah Song**

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647

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

Name of Employer Georgetown University Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : 35465620**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Thomas Swanson**

Mailing Address 5748 Prospect Dr Address 3

City Missoula State MT Zip Code 59808-8608

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 ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : 35465622**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address 11 Bellwether Way Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

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  
 10 / 29 / 2012

**Transaction ID : 35465624**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>550.00</b>
<b>TOTAL</b> 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 13 OF 27		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Dr. Mark S. Corazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2431 Castillo St  
 City Santa Barbara State CA Zip Code 93105-4301  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 35465681**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Debbie Moschonas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8113 E Del Cuarzo Dr  
 City Scottsdale State AZ Zip Code 85258-2254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Four Peaks Neurology Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : 35466799**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. John R. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 928 Mapleton Ave  
 City Oak Park State IL Zip Code 60302  
 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : 35466983**  
 Amount of Each Receipt this Period  
 1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 14 OF 27
	<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. Dara G. Jamieson**  
Full Name (Last, First, Middle Initial)

Mailing Address 428 E 72nd St Ofc 400

City New York State NY Zip Code 10021-4635

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

Name of Employer Weill Cornell Occupation Physician

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  
 10 / 31 / 2012  
**Transaction ID : 35466991**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Gustavo C. Roman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6560 Fannin Street, Suite 802  
Methodist Neurological Institute

City Houston State TX Zip Code 77030

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

Name of Employer Methodist Hospital Houston TX 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  
 10 / 31 / 2012  
**Transaction ID : 35466995**

Amount of Each Receipt this Period  
 500.00

**C. Dr. Richard Earl Popwell Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 E. Fieldview Circle

City Bozeman State MT Zip Code 59715-7180

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

Name of Employer Deaconess Health Group Occupation Physician

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  
 10 / 31 / 2012  
**Transaction ID : 35466999**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 15 OF 27
	<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) <b>A. Dr. Marvin H. Rorick</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 35467981</b>
Mailing Address 10550 Montgomery Rd Ste 33		Amount of Each Receipt this Period 550.00
City Cincinnati	State OH	Zip Code 45242-4422
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Riverhills Healthcare Corp	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Bridglal Ramkissoon</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 35467998</b>
Mailing Address 6801 Highway US 27 North SUITE A-3		Amount of Each Receipt this Period 500.00
City Sebring	State FL	Zip Code 33870
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Neurology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David C. Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2012 <b>Transaction ID : 35469291</b>
Mailing Address 2022 Summit Avenue		Amount of Each Receipt this Period 100.00
City Saint Paul	State MN	Zip Code 55105-1460
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Univ of Minnesota	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 27
	<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. Diane E. Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2160 East Pass Rd  
 City Gulfport State MS Zip Code 39507-3809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012  
**Transaction ID : 35469295**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. John W. Henson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9420 SE 54th Street  
 City Mercer Island State WA Zip Code 98040-5121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Swedish Neuroscience Institute 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 Y Y  
 11 / 02 / 2012  
**Transaction ID : 35470203**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Frederick E. Munschauer III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 Boston Post Rd  
 City Weston State MA Zip Code 02493-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baird MS Research 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 Y Y  
 11 / 02 / 2012  
**Transaction ID : 35470214**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Deborah L. Carver</b>		Date of Receipt 11 / 02 / 2012 <b>Transaction ID : 35470358</b>
Mailing Address 14203 Melrose Circle		Amount of Each Receipt this Period 250.00
City Helotes	State TX	Zip Code 78023
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology Mgmt. Services	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. William J. Hamilton</b>		Date of Receipt 11 / 02 / 2012 <b>Transaction ID : 35470361</b>
Mailing Address 3910 McGregor Ct		Amount of Each Receipt this Period 100.00
City Mobile	State AL	Zip Code 36608-1809
FEC ID number of contributing federal political committee. C		
Name of Employer Volunteer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael L. Goldstein</b>		Date of Receipt 11 / 05 / 2012 <b>Transaction ID : 35471903</b>
Mailing Address 1151 E 3900 S		Amount of Each Receipt this Period 500.00
City Salt Lake City	State UT	Zip Code 84124-1216
FEC ID number of contributing federal political committee. C		
Name of Employer Western Neurological Associates, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 18 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Yung K. Kho</b>		Date of Receipt 11 / 05 / 2012 <b>Transaction ID : 35471968</b>
Mailing Address 3267 New Hope Rd		Amount of Each Receipt this Period 500.00
City Grants Pass State OR Zip Code 97527	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Occupation Neurologist	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Janelle L. Cooper</b>		Date of Receipt 11 / 07 / 2012 <b>Transaction ID : 35489983</b>
Mailing Address East Building Mail Stop EB3-002		Amount of Each Receipt this Period 250.00
City La Crosse State WI Zip Code 54601-5467	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Gundersen Lutheran Occupation Neurologist	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David N. McCollum</b>		Date of Receipt 11 / 09 / 2012 <b>Transaction ID : 35493121</b>
Mailing Address 125 Brackish Place		Amount of Each Receipt this Period 500.00
City Ocean Springs State MS Zip Code 39564	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Singing River Hospital Occupation Neurologist	Aggregate Year-to-Date 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 27
	<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. Richard G. Hunter**  
Full Name (Last, First, Middle Initial)

Mailing Address 3583 Dumbarton Rd NW

City Atlanta State GA Zip Code 30327-2613

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : 35493260**

Amount of Each Receipt this Period  
 100.00

**B. Dr. Edgar J. Kenton III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Clearview Dr

City Danville State PA Zip Code 17821

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

Name of Employer Geisinger Health system Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2012

**Transaction ID : 35505190**

Amount of Each Receipt this Period  
 100.00

**C. Dr. John F. Kurtzke**  
Full Name (Last, First, Middle Initial)

Mailing Address 7509 Salem Rd

City Falls Church State VA Zip Code 22043-3240

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

Name of Employer Uniformed Services University 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 Y Y  
 11 / 09 / 2012

**Transaction ID : 35505194**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 20 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. James J. Corbett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 Bay Vista Drive  
 City State Zip Code  
 Brandon MS 39047-8654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of MS Med Ctr Physician  
 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  
 11 / 09 / 2012  
**Transaction ID : 35505195**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Bruce H. Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Neille Lane  
 City State Zip Code  
 Twinsburg OH 44087  
 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 ▼  
 1900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35506118**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Glen R. Finney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9235 NW 26th Avenue  
 City State Zip Code  
 Gainesville FL 32606-9180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ. of FL Dept. of Neurology Behavioral Neurology  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35506120**  
 Amount of Each Receipt this Period  
 84.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	334.00
<b>TOTAL</b> 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 27
	<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) <b>A. Dr. William S. Gilmer</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506122</b>
Mailing Address 2323 Dunstan Rd		Amount of Each Receipt this Period 850.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Steven L. Lewis</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506124</b>
Mailing Address 1725 W Harrison St Ste 1106		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Uma Menon</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506126</b>
Mailing Address 925 Common St Apt 1000		Amount of Each Receipt this Period 20.00
City New Orleans	State LA	Zip Code 70112-2316
FEC ID number of contributing federal political committee. C		
Name of Employer Tulane University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<b>TOTAL</b> 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 22 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Nancy L. Mueller</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506128</b>
Mailing Address 34 Stonybrook Road		Amount of Each Receipt this Period 500.00
City Tenafly	State NJ	Zip Code 07670
FEC ID number of contributing federal political committee. C	Name of Employer Self	
Occupation Physician		Aggregate Year-to-Date ▼ 4500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Amie L. Peterson</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506130</b>
Mailing Address 3846 SE Alder St		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97214-3226
FEC ID number of contributing federal political committee. C	Name of Employer Portland VA / OHSO	
Occupation Physician		Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel C. Potts</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506132</b>
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	Zip Code 35406-1801
FEC ID number of contributing federal political committee. C	Name of Employer AL Neurology and Sleep Medicine, P.C.	
Occupation Physician		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> 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 23 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dariush Saghafi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506136</b>
Mailing Address 2741 Belgrave Rd		Amount of Each Receipt this Period 100.00
City Pepper Pike	State OH	Zip Code 44124-4601
FEC ID number of contributing federal political committee. C		
Name of Employer Parma Neurology	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Dario M. Zagar</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35506140</b>
Mailing Address 127 Brookview Ave		Amount of Each Receipt this Period 50.00
City Fairfield	State CT	Zip Code 06825-1867
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Neurologists of So. Ct.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Elizabeth Minto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : 35507065</b>
Mailing Address 553 N. Mobile Street		Amount of Each Receipt this Period 250.00
City Fairhope	State AL	Zip Code 36532
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology: Child and Adult, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 27
	(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. Brian A. Trimble**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 Diplomacy Dr Suite 2800

City Anchorage State AK Zip Code 99508-5926

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

Name of Employer Alaska Native 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  
**11 / 12 / 2012**

**Transaction ID : 35507285**

Amount of Each Receipt this Period  
**100.00**

**B. Dr. Patrick J. Lavin**  
Full Name (Last, First, Middle Initial)

Mailing Address A-0118 MEDICAL CENTER NORTH 1161 2 AVENUE SOUTH

City Nashville State TN Zip Code 37232-2551

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

Name of Employer Dept of Neuro/VUMC Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2012**

**Transaction ID : 35520461**

Amount of Each Receipt this Period  
**100.00**

**C. Dr. Yung K. Kho**  
Full Name (Last, First, Middle Initial)

Mailing Address 3267 New Hope Rd

City Grants Pass State OR Zip Code 97527

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2012**

**Transaction ID : 35525007**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 25 OF 27
	<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. Deborah Hirtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Hesketh St

City Chevy Chase State MD Zip Code 20815-4224

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

Name of Employer NIH/NINDS Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : 35546321**

Amount of Each Receipt this Period  
 100.00

**B. Dr. Rodica E. Petrea**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 South 31st Street, Apt. # 3503

City Omaha State NE Zip Code 68131

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

Name of Employer Creighton University School of Medicin 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 Y Y  
 11 / 02 / 2012  
**Transaction ID : 35644958**

Amount of Each Receipt this Period  
 250.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14879.00

**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. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Mr. Dennis Heck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : 35466771**

Amount of Each Disbursement this Period

500.00
--------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Robert P. Casey Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : 35466772**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2012			

**Transaction ID : 35489981**

Amount of Each Disbursement this Period

5000.00
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Campaign Contribution

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

6500.00
---------

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

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**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. Bera for Congress Every Vote Counts Fund**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Recount Contribution

011

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

**Transaction ID : 35504691**

Amount of Each Disbursement this Period

2500.00

Recount Contribution

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Runoff Campaign Contribution

011

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  Senate  President  
State: LA District: 07

Disbursement For: 2012  Primary  General  Other (specify) ▼  
Runoff2012

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

**Transaction ID : 35504706**

Amount of Each Disbursement this Period

2500.00

Runoff Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

5000.00

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

11500.00