

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="127133.00"/>	<input type="text" value="127133.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="106372.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13418.00"/>	<input type="text" value="187957.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="119790.00"/>	<input type="text" value="315090.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32000.00"/>	<input type="text" value="227300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="87790.00"/>	<input type="text" value="87790.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9504.00	135137.00
(ii) Unitemized	3914.00	47820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13418.00	182957.00
(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)	13418.00	182957.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13418.00	187957.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13418.00	187957.00

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.....	32000.00	227000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	300.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32000.00	227300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	227300.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13418.00	182957.00
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13418.00	182657.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<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

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. Richard D. Brower
Full Name (Last, First, Middle Initial)

Mailing Address 712 Twin Hills Drive

City El Paso State TX Zip Code 79912

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

Name of Employer Texas Tech University HSC Dept. of Neu Occupation Physician

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
 07 / 01 / 2013
Transaction ID : 36198752

Amount of Each Receipt this Period
 300.00

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

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2013
Transaction ID : 36204242

Amount of Each Receipt this Period
 400.00

C. Dr. Zeyad Morcos
Full Name (Last, First, Middle Initial)

Mailing Address 289 Pleasant St Ste 604
Sleep Medicien & Neurology

City Fall River State MA Zip Code 02721-3005

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013
Transaction ID : 36206901

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 7 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Anna S. Tseng
 Full Name (Last, First, Middle Initial)
 Mailing Address 7515 Greenville Ave Ste 400
 City Dallas State TX Zip Code 75231-3860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurologic Consultants of Dallas, PA Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2013
Transaction ID : 36209183
 Amount of Each Receipt this Period 500.00

B. Dr. Gary Birnbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Golden Valley Rd
 Minneapolis Clinic of Neurology
 City Golden Valley State MN Zip Code 55422-4215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MS Treatment & Research Center Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2013
Transaction ID : 36223465
 Amount of Each Receipt this Period 250.00

C. Dr. Michael J. Kushner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Salem Street
 City Wilson State NC Zip Code 27893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Orthopedic Surgery & Neurology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2013
Transaction ID : 36223472
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 34
	<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. Shiv U. Navada
Full Name (Last, First, Middle Initial)

Mailing Address 527 Medical Park Dr Ste 107

City Bridgeport	State WV	Zip Code 26330-9009
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : 36223580

Amount of Each Receipt this Period
250.00

B. Dr. Norman V. Kohn
Full Name (Last, First, Middle Initial)

Mailing Address 122 S Michigan Ave Ste 1300

City Chicago	State IL	Zip Code 60603-6184
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : 36223585

Amount of Each Receipt this Period
250.00

C. Dr. James M. Gilchrist
Full Name (Last, First, Middle Initial)

Mailing Address 800 Williams Blvd

City Springfield	State IL	Zip Code 62704
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FEC ID number of contributing federal political committee. **C**

Name of Employer SIU School of Med.	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
 07 / 09 / 2013

Transaction ID : 36223589

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 9 OF 34
	<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. Lisa Grant
Full Name (Last, First, Middle Initial)

Mailing Address 1810 E 19th St Ste 225

City The Dalles State OR Zip Code 97058-3388

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 07 / 09 / 2013
Transaction ID : 36223591

Amount of Each Receipt this Period 250.00

B. Dr. Gregory L. Barkley
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City Ann Arbor State MI Zip Code 48105-1435

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

Name of Employer Henry Ford Hospital Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 15 / 2013
Transaction ID : 36234108

Amount of Each Receipt this Period 100.00

C. Dr. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087

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

Name of Employer Children's Hospital and Med. Center of Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 07 / 15 / 2013
Transaction ID : 36234111

Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Tara Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Birch Hill Drive
 City State Zip Code
 Joint Base Elmendorf-Rich AK 99505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United States Air Force Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 36234114
 Amount of Each Receipt this Period
 50.00

B. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Kessler Woods Trail
 City State Zip Code
 Dallas TX 75208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas Neurology COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 36234117
 Amount of Each Receipt this Period
 100.00

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 ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 36234909
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. William S. Gilmer		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 Transaction ID : 36234911
Mailing Address 2323 Dunstan Rd		Amount of Each Receipt this Period 85.00
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 ▼ 595.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 Transaction ID : 36234914
Mailing Address 1725 W Harrison St Ste 1106		Amount of Each Receipt this Period 150.00
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 ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Dr. Nancy L. Mueller		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 Transaction ID : 36235084
Mailing Address 34 Stonybrook Road		Amount of Each Receipt this Period 415.00
City Tenafly	State NJ	Zip Code 07670
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2905.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<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. Daniel C. Potts
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 15 / 2013**

Transaction ID : 36235239

Amount of Each Receipt this Period **100.00**

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

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton State CA Zip Code 92833

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

Name of Employer Inland Neurologic Consultants Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **07 / 15 / 2013**

Transaction ID : 36235242

Amount of Each Receipt this Period **75.00**

c. Dr. Dario M. Zagar
Full Name (Last, First, Middle Initial)

Mailing Address 201 Fairmount Terrace

City Fairfield State CT Zip Code 06825

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

Name of Employer Associated Neurologists of So. Ct. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 15 / 2013**

Transaction ID : 36235280

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

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 13 OF 34
	<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. Adele B. Ackell
Full Name (Last, First, Middle Initial)

Mailing Address 374 E View Dr

City Chattanooga State TN Zip Code 37404-5938

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

Name of Employer Chattanooga Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : 36235917

Amount of Each Receipt this Period
 250.00

B. Dr. William J. Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 7100 Carson Lane

City Spanish Fort State AL Zip Code 36527

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

Name of Employer Volunteer Occupation Retired

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
 07 / 12 / 2013
Transaction ID : 36235920

Amount of Each Receipt this Period
 250.00

C. Dr. Baldev S. Rai
Full Name (Last, First, Middle Initial)

Mailing Address 5 Vista Tramonto

City Newport Coast State CA Zip Code 92657

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

Name of Employer Physician Occupation Self

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
 07 / 12 / 2013
Transaction ID : 36235922

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 14 OF 34
	<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. David M. Labiner
Full Name (Last, First, Middle Initial)

Mailing Address 1501 N Campbell Ave Rm 6205
Box 245023 Neurology

City Tucson State AZ Zip Code 85724-0001

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

Name of Employer Arizona Health Sciences Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 22 / 2013
Transaction ID : 36260166

Amount of Each Receipt this Period
250.00

B. Dr. Nicholas L. Schlageter
Full Name (Last, First, Middle Initial)

Mailing Address 6N169 Woodview Ct

City Saint Charles State IL Zip Code 60175-6266

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

Name of Employer Tri-City Neurology, SC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 22 / 2013
Transaction ID : 36260511

Amount of Each Receipt this Period
1000.00

C. Dr. Braden Nago
Full Name (Last, First, Middle Initial)

Mailing Address 904 7th Avenue

City Seattle State WA Zip Code 98104

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

Name of Employer The Polyclinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 26 / 2013
Transaction ID : 36275421

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 15 OF 34
	<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. Charles C. Flippen II
 Full Name (Last, First, Middle Initial)
 Mailing Address 11319 Isleta Street
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer County of LA/ UCLA Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 29 / 2013**
Transaction ID : 36279834
 Amount of Each Receipt this Period **100.00**

B. Dr. Madeleine Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 E Westminster Lane
 City Spokane State WA Zip Code 99223
 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 **400.00**

Date of Receipt **07 / 29 / 2013**
Transaction ID : 36279839
 Amount of Each Receipt this Period **100.00**

C. 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 **07 / 29 / 2013**
Transaction ID : 36279843
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9420 SE 54th St

City State Zip Code
Mercer Island WA 98040-5121

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt
MM / DD / YYYY
07 / 29 / 2013

Transaction ID : 36279856

Amount of Each Receipt this Period
600.00

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

Mailing Address 2 Clearview Dr

City State Zip Code
Danville PA 17821

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

Name of Employer Occupation
Geisinger Health system Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
MM / DD / YYYY
07 / 29 / 2013

Transaction ID : 36279871

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Dr. Bibhuti Mishra

Mailing Address 5801 Potomac Ave NW

City State Zip Code
Washington DC 20016-2517

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

Name of Employer Occupation
Inova Fairfax Hospital Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
MM / DD / YYYY
07 / 29 / 2013

Transaction ID : 36279875

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1675.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<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. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City La Crosse State WI Zip Code 54601-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan-Skemp Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2013
Transaction ID : 36279976
 Amount of Each Receipt this Period
 45.00

B. Dr. Amy E. Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 1793 Riverside Dr Apt 3E
 City New York State NY Zip Code 10034-5340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mmc Medical Center Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2013
Transaction ID : 36279980
 Amount of Each Receipt this Period
 50.00

C. Dr. Bruce Sigsbee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 Sennebec Rd
 City Union State ME Zip Code 04862-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penobscot Bay Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2013
Transaction ID : 36279982
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00
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 18 OF 34
	<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. Sarah Song
 Full Name (Last, First, Middle Initial)
 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 Rush Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **07 / 29 / 2013**
Transaction ID : 36279984
 Amount of Each Receipt this Period **50.00**

B. Dr. Joseph S. Kass
 Full Name (Last, First, Middle Initial)
 Mailing Address One Baylor Plaza NB-302
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.00**

Date of Receipt **07 / 30 / 2013**
Transaction ID : 36280390
 Amount of Each Receipt this Period **50.00**

c. Dr. Joseph S. Kass
 Full Name (Last, First, Middle Initial)
 Mailing Address One Baylor Plaza NB-302
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 30 / 2013**
Transaction ID : 36281127
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	9504.00

**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. Pallone For Senate

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Frank Pallone Jr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special-Primary2013

State: NJ District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 36222281

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 36222282

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Kaine For Virginia

Mailing Address 20 West Maple Street

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Timothy Kaine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 36222283

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36248479

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Dutch Ruppensberger For Congress Committee

Mailing Address 22 W. Padonia Road
Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. C.A. Dutch Ruppensberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36248480

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Jackie Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : 36252261

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jan D. Schakowsky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270019

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270020

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 450

City State Zip Code
Victor NY 14564

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270021

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Matheson For Congress

Mailing Address P O Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jim D. Matheson

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270022

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270023

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270024

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Mooney For Congress

Mailing Address 151 Camelot Blvd

City State Zip Code
Falling Waters WV 25419

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Alexander Mooney

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270025

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270026

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Ellison For Congress

Mailing Address PO Box 6072

City State Zip Code
Minneapolis MN 55406

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Keith Ellison

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270027

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Gus M. Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	3

Transaction ID : 36270028

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	3

Transaction ID : 36270040

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Mooney For Congress

Mailing Address 151 Camelot Blvd

City Falling Waters State WV Zip Code 25419

Purpose of Disbursement
Void - Mooney For Congress

011

Candidate Name

Alexander Mooney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	3

Transaction ID : 36270071

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Void - Mooney For Congress

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

1	5	0	0	0	0	0	0	0	0

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

1	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Mooney For Congress

Mailing Address 151 Camelot Blvd

City State Zip Code
Falling Waters WV 25419

Purpose of Disbursement
Campaign Contribution

Candidate Name

Alexander Mooney

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36270072

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Jan D. Schakowsky

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36270080

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Leonard Lance

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36270081

Amount of Each Disbursement this Period

Campaign Contribution

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Void - Schakowsky For Congress

011

Category/
Type

Candidate Name

Rep. Jan D. Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270145

Amount of Each Disbursement this Period

-1000.00

Void - Schakowsky For Congress

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Mark Steven Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270187

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 450

City State Zip Code
Victor NY 14564

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270269

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Void - Lance For Congress

011

Candidate Name

Rep. Leonard Lance

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2013

Transaction ID : 36270329

Amount of Each Disbursement this Period

-1000.00

Void - Lance For Congress

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City State Zip Code
Victor NY 14564

Purpose of Disbursement
Void - Tom Reed For Congress

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2013

Transaction ID : 36270392

Amount of Each Disbursement this Period

-1500.00

Void - Tom Reed For Congress

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address P O Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jim D. Matheson

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2013

Transaction ID : 36270408

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

-1500.00

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. Matheson For Congress

Mailing Address P O Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Void - Matheson For Congress

011

Candidate Name

Rep. Jim D. Matheson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270474

Amount of Each Disbursement this Period

-1000.00

Void - Matheson For Congress

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270519

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Void - Friends Of Lois Capps

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270596

Amount of Each Disbursement this Period

-1000.00

Void - Friends Of Lois Capps

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

-1000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270634

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Void - Roskam For Congress Committee

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270644

Amount of Each Disbursement this Period

-2000.00

Void - Roskam For Congress Committee

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36270718

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

1000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Brady For Congress

Mailing Address PO Box 8277

City: The Woodlands State: TX Zip Code: 77387

Purpose of Disbursement: Void - Brady For Congress

Candidate Name: **Rep. Kevin Patrick Brady**

Office Sought: House Senate President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement: 07 / 23 / 2013

Transaction ID : 36270774

Amount of Each Disbursement this Period: -1000.00

Void - Brady For Congress

Full Name (Last, First, Middle Initial)
B. Ellison For Congress

Mailing Address PO Box 6072

City: Minneapolis State: MN Zip Code: 55406

Purpose of Disbursement: Campaign Contribution

Candidate Name: **Rep. Keith Ellison**

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement: 07 / 23 / 2013

Transaction ID : 36270819

Amount of Each Disbursement this Period: 1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)
C. Ellison For Congress

Mailing Address PO Box 6072

City: Minneapolis State: MN Zip Code: 55406

Purpose of Disbursement: Void - Ellison For Congress

Candidate Name: **Rep. Keith Ellison**

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement: 07 / 23 / 2013

Transaction ID : 36270821

Amount of Each Disbursement this Period: -1000.00

Void - Ellison For Congress

SUBTOTAL of Disbursements This Page (optional)..... ▶ -1000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Void - Bilirakis For Congress

011

Category/
Type

Candidate Name

Rep. Gus M. Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270866

Amount of Each Disbursement this Period

-1000.00

Void - Bilirakis For Congress

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Gus M. Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270928

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Void - Kirk For Senate

011

Category/
Type

Candidate Name

Sen. Mark Steven Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36270967

Amount of Each Disbursement this Period

-1000.00

Void - Kirk For Senate

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

-1000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Fattah For Congress

Mailing Address 3900 Ford Road
Suite 120

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Chaka Fattah

Office Sought: House
 Senate
 President
State: PA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2013

Transaction ID : 36280388

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Campaign Contribution

Candidate Name

Amerish Bera

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2013

Transaction ID : 36280391

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought: House
 Senate
 President
State: NJ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2013

Transaction ID : 36280392

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

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

4500.00

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)

Grid for line numbers 21b through 30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Gardner For Congress

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement Campaign Contribution

011

Candidate Name

Rep. Cory Gardner

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2014 [X] Primary [] General [] Other (specify)

State: CO District: 04

Date of Disbursement

Date selection grid: 07 / 30 / 2013

Transaction ID : 36280393

Amount of Each Disbursement this Period

Amount selection grid: 1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement Campaign Contribution

011

Candidate Name

Rep. Pat J. Tiberi

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2014 [X] Primary [] General [] Other (specify)

State: OH District: 12

Date of Disbursement

Date selection grid: 07 / 30 / 2013

Transaction ID : 36280394

Amount of Each Disbursement this Period

Amount selection grid: 1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. North Star Fund

Mailing Address 10 G St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Leadership PAC contribution

011

Candidate Name

Category/Type

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify)

State: District:

Date of Disbursement

Date selection grid: 07 / 30 / 2013

Transaction ID : 36280396

Amount of Each Disbursement this Period

Amount selection grid: 1000.00

Leadership PAC contribution

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

Subtotal selection grid: 3000.00

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

Total selection grid

**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. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. David Lee Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36281285

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Heartand Values PAC

Mailing Address PO Box 505

City Souix Falls State SD Zip Code 57101

Purpose of Disbursement
Leadership PAC contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36281288

Amount of Each Disbursement this Period

0.00

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

C. Heartand Values PAC

Mailing Address PO Box 505

City Souix Falls State SD Zip Code 57101

Purpose of Disbursement
Void - Heartand Values PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36314826

Amount of Each Disbursement this Period

0.00

Void - Heartand Values PAC

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

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

2500.00

32000.00