

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE

Check if different than previously reported. (ACC)

Washington DC 20002

2. **FEC IDENTIFICATION NUMBER ▼** C00435933 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | | 127133.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 87790.00 | |
| (c) Total Receipts (from Line 19) | 7585.00 | 195542.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 95375.00 | 322675.00 |
| 7. Total Disbursements (from Line 31)..... | 3000.00 | 230300.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 92375.00 | 92375.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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)..... | 5924.00 | 141061.00 |
| (ii) Unitemized | 1661.00 | 49481.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 7585.00 | 190542.00 |
| (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) | 7585.00 | 190542.00 |
| 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))..... ▶ | 7585.00 | 195542.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 7585.00 | 195542.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 230000.00 |
| 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)) .. | 3000.00 | 230300.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3000.00 | 230300.00 |

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) | 7585.00 | 190542.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 300.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7585.00 | 190242.00 |
| 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 15 |
| | <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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dr. M Barry Loudon Jr. | | Date of Receipt 08 / 09 / 2013 Transaction ID : 36330281 |
| Mailing Address PO Box 4179 | | Amount of Each Receipt this Period 1000.00 |
| City Parkersburg | State WV | Zip Code 26104-4179 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Parkersburg Neurological Associates, I | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Carolyn L. Taylor | | Date of Receipt 08 / 14 / 2013 Transaction ID : 36348925 |
| Mailing Address 11 Bellwether Way Suite 210 | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Gregory L. Barkley | | Date of Receipt 08 / 15 / 2013 Transaction ID : 36354351 |
| Mailing Address 2890 Burlington St | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1200.00 |
| 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 15
(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. Bruce H. Cohen

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 ▼
1400.00

Date of Receipt
08 / 15 / 2013
Transaction ID : 36354353

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. Dr. Tara Cook

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 ▼
400.00

Date of Receipt
08 / 15 / 2013
Transaction ID : 36354355

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Mr. David A. Evans

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 ▼
800.00

Date of Receipt
08 / 15 / 2013
Transaction ID : 36354360

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 15 |
| <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. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : 36354454

Amount of Each Receipt this Period **84.00**

B. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : 36354560

Amount of Each Receipt this Period **85.00**

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : 36354763

Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **319.00**

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 15 |
| <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) A. Dr. Nancy L. Mueller | | Date of Receipt 08 / 15 / 2013 Transaction ID : 36355323 |
| 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 ▼ 3320.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Potts | | Date of Receipt 08 / 15 / 2013 Transaction ID : 36355329 |
| 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 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Dario M. Zagar | | Date of Receipt 08 / 15 / 2013 Transaction ID : 36355337 |
| Mailing Address 201 Fairmount Terrace | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 15 |
| | <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. Georges A. Ghacibeh | | Date of Receipt 08 / 19 / 2013 Transaction ID : 36358817 |
| Mailing Address 47 Birch St | | Amount of Each Receipt this Period 365.00 |
| City Englewood Cliffs | State Zip Code NJ 07632 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 365.00 |
| Name of Employer Progressive Neurology | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Jeffrey R. Buchhalter | | Date of Receipt 08 / 19 / 2013 Transaction ID : 36359006 |
| Mailing Address 1331 Windsor Street NW | | Amount of Each Receipt this Period 500.00 |
| City Calgary | State Zip Code AB T2N 3X2 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Alberta Children's Hospital | Occupation Child Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Rada Petrinjac-Nenadic | | Date of Receipt 08 / 20 / 2013 Transaction ID : 36373539 |
| Mailing Address 5160 White Cliff Dr | | Amount of Each Receipt this Period 250.00 |
| City Memphis | State Zip Code TN 38117-2134 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 250.00 |
| Name of Employer Tri-State Neurology PLLC | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1115.00 |
| 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 15 |
| | <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"/> | <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. Lily Jung Henson | | Date of Receipt 08 / 22 / 2013 Transaction ID : 36391112 |
| Mailing Address 9420 SE 54th St | | Amount of Each Receipt this Period 600.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Joseph S. Kass | | Date of Receipt 08 / 28 / 2013 Transaction ID : 36397359 |
| Mailing Address One Baylor Plaza NB-302 | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Bibhuti Mishra | | Date of Receipt 08 / 28 / 2013 Transaction ID : 36397360 |
| Mailing Address 5801 Potomac Ave NW | | Amount of Each Receipt this Period 75.00 |
| City Washington | State DC | Zip Code 20016-2517 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Inova Fairfax Hospital | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 725.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 12 OF 15
(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. Gregory T. Pupillo

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 ▼
 360.00

Date of Receipt
 08 / 28 / 2013
Transaction ID : 36397362

Amount of Each Receipt this Period
 45.00

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

Mailing Address 1793 Riverside Dr Apt 3E

City State Zip Code
 New York NY 10034

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

Name of Employer Occupation
 Mmc Medical Center Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 08 / 28 / 2013
Transaction ID : 36397364

Amount of Each Receipt this Period
 50.00

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

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 ▼
 1300.00

Date of Receipt
 08 / 28 / 2013
Transaction ID : 36397365

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: PAGE 13 OF 15
(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. 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 Rush 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
 08 / 28 / 2013
Transaction ID : 36397366

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2013
Transaction ID : 36397367

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. Dr. Sanjeevi C. Tivakaran

Mailing Address 2400 Hospital Dr Ste 310

City Bossier City State LA Zip Code 71111-2387

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

Name of Employer Neurology Clinic LLC 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
 08 / 29 / 2013
Transaction ID : 36413160

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 15 |
| <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. Daniel B. Hier
Full Name (Last, First, Middle Initial)

Mailing Address 230 W Second St #3106

| | | |
|---------------------|-------------|-------------------|
| City Kansas City | State MO | Zip Code 64105 |
|---------------------|-------------|-------------------|

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

| | |
|-----------------------------|-------------------------|
| Name of Employer Retired | Occupation Physician |
|-----------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 29 | / | 2013 |

Transaction ID : 36413164

Amount of Each Receipt this Period
365.00

B. Dr. David C. Squillacote
Full Name (Last, First, Middle Initial)

Mailing Address 1 Spruce Pl

| | | |
|-------------------|-------------|------------------------|
| City Glen Rock | State NJ | Zip Code 07452-2000 |
|-------------------|-------------|------------------------|

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 |
| 08 | / | 29 | / | 2013 |

Transaction ID : 36413176

Amount of Each Receipt this Period
250.00

C. Dr. Rajpaul Singh
Full Name (Last, First, Middle Initial)

Mailing Address 195-03 Hillside Ave

| | | |
|----------------|-------------|------------------------|
| City Hollis | State NY | Zip Code 11423-2014 |
|----------------|-------------|------------------------|

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

| | |
|---|---------------------------|
| Name of Employer Hillside Neurology Care, P.C. | Occupation Neurologist |
|---|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 29 | / | 2013 |

Transaction ID : 36413178

Amount of Each Receipt this Period
365.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 980.00 |
| TOTAL This Period (last page this line number only).....▶ | 5924.00 |

**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. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. David George Reichert

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2013

Transaction ID : 36284165

Amount of Each Disbursement this Period

1000.00

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

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : 36395347

Amount of Each Disbursement this Period

1000.00

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Andy Barr

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : 36395348

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)..... ▶

3000.00