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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL American Academy of Neurology Professional Association BrainPAC (b) Number and Street Address 1501 M St. NW 2. FEC IDENTIFICATION NUMBER C00435933 Seventh Floor (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Washington DC 20005 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) 06/15/2007 and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: American Academy of Neurology Professional Association BrainPAC FEC Identification Number: c00435933 STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) 07 04/08/2008 Charles Boustany House LA (ii) 04/02/2008 Pat Roberts Senate KS 00 (iii) Dave Camp House MI 04 03/31/2008 (iv) 03/27/2008 Jim Clyburn House SC 06 (v) Perimutter House CO 07 03/13/2008 (b) Contributors: The committee received a contribution from its 51st contributor 01/14/2008 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 06/15/2007 (d) Qualification: The committee met the above requirements on: 04/08/2008 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by Mr. Timothy J. Engel 04/11/2008 Mr. Timothy J. Engel Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1 M
Revised 1/2001