

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) 509b 2nd St NE Lower Level Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00435933

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] 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 / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

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 01 / 31 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="155948.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="103054.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24578.98"/>	<input type="text" value="292194.19"/>
(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="127633.00"/>	<input type="text" value="448142.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500.00"/>	<input type="text" value="321009.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="127133.00"/>	<input type="text" value="127133.00"/>
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

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).....	10484.98	185371.98
(ii) Unitemized	14094.00	94398.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24578.98	279769.98
(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)	24578.98	279769.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3524.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24578.98	292194.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24578.98	292194.19

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.....	500.00	315400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2085.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2085.00
29. Other Disbursements	0.00	3524.21
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500.00	321009.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	321009.21

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)	24578.98	279769.98
34. Total Contribution Refunds (from Line 28(d))	0.00	2085.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24578.98	277684.98
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: PAGE 6 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Dr. Madeleine Geraghty

Mailing Address 1803 E Westminster Lane

City State Zip Code
Spokane WA 99223

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

Name of Employer Occupation
Providence Stroke and TIA Clinic Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012
Transaction ID : 35541680

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr. Todd J. Janus

Mailing Address 4008 Muskogee Avenue

City State Zip Code
Des Moines IA 50312-4627

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

Name of Employer Occupation
Iowa Health Physicians Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012
Transaction ID : 35541682

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Dr. Jerome Lisk

Mailing Address 809 Sequoia Cr.

City State Zip Code
Monrovia CA 91016

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

Name of Employer Occupation
Southern California Mvmnt Dis Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012
Transaction ID : 35541684

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: (check only one)	PAGE 7 OF 23
<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. 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 ▼ 495.00

Date of Receipt 11 / 28 / 2012
Transaction ID : 35541687
 Amount of Each Receipt this Period 45.00

B. 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 11 / 28 / 2012
Transaction ID : 35541689
 Amount of Each Receipt this Period 100.00

C. Dr. Carolyn L. Taylor
 Full Name (Last, First, Middle Initial)
 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 ▼ 1100.00

Date of Receipt 11 / 28 / 2012
Transaction ID : 35541698
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....	245.00
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 23
	<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. Timothy A. Pedley
Full Name (Last, First, Middle Initial)
Mailing Address 55 Grace Church St.
City Rye State NY Zip Code 10580
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia University Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2100.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : 35544642
Amount of Each Receipt this Period **1000.00**

B. Dr. James M. Gilchrist
Full Name (Last, First, Middle Initial)
Mailing Address 800 Williams Blvd
City Springfield State IL Zip Code 62704
FEC ID number of contributing federal political committee. **C**
Name of Employer Neurology Foundation Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **875.00**

Date of Receipt **11 / 27 / 2012**
Transaction ID : 35546322
Amount of Each Receipt this Period **500.00**

C. Dr. Lawrence W. Brown
Full Name (Last, First, Middle Initial)
Mailing Address 254 Forrest Road
City Merion Station State PA Zip Code 19066
FEC ID number of contributing federal political committee. **C**
Name of Employer The Children's Hospital of Philadelphi Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 01 / 2012**
Transaction ID : 35604313
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **1600.00**
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 9 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Jennifer J. Majersik
Full Name (Last, First, Middle Initial)

Mailing Address 1746 Yalecrest Ave

City State Zip Code
Salt Lake City UT 84108

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

Name of Employer Occupation
University of Utah Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 05 / 2012
Transaction ID : 35620166

Amount of Each Receipt this Period
100.00

B. Dr. Paul C. Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 6920 Slade Hill Rd

City State Zip Code
Raleigh NC 27615-7126

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

Name of Employer Occupation
Private Diagnostic Clinic Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 12 / 2012
Transaction ID : 35621883

Amount of Each Receipt this Period
500.00

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

Mailing Address 3009 N Ballas Rd Ste 209

City State Zip Code
Saint Louis MO 63131-2323

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 12 / 2012
Transaction ID : 35621889

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Alan H. Kurland
Full Name (Last, First, Middle Initial)

Mailing Address 2 Boulder Lane

City Sharon State MA Zip Code 02067-3034

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 ▼ 500.00

Date of Receipt 12 / 15 / 2012

Transaction ID : 35628924

Amount of Each Receipt this Period 500.00

B. Dr. Awais Riaz
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmescott Lane

City Salt Lake City State UT Zip Code 84124-2580

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2012

Transaction ID : 35629503

Amount of Each Receipt this Period 250.00

c. 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 ▼ 1100.00

Date of Receipt 12 / 17 / 2012

Transaction ID : 35630463

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 23
	<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	<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. Bruce H. Cohen		Date of Receipt 12 / 17 / 2012 Transaction ID : 35631068
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00	

Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney		Date of Receipt 12 / 17 / 2012 Transaction ID : 35631070
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 84.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name (Last, First, Middle Initial) C. Dr. William S. Gilmer		Date of Receipt 12 / 17 / 2012 Transaction ID : 35631072
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 ▼ 935.00	

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 12 OF 23
<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. Elaine C. Jones
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 603253

City Providence	State RI	Zip Code 02906
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : 35631074

Amount of Each Receipt this Period
250.00

B. Dr. Ralph F. Jozefowicz
Full Name (Last, First, Middle Initial)
Mailing Address 78 Lac Kine Drive

City Rochester	State NY	Zip Code 14618
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Rochester	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : 35631076

Amount of Each Receipt this Period
250.00

C. Dr. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)
Mailing Address 2 Clearview Dr

City Danville	State PA	Zip Code 17821
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FEC ID number of contributing federal political committee. **C**

Name of Employer Geisinger Health system	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : 35631078

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 23
<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. Brett M. Kissela		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 9878 Zig Zag Road		Transaction ID : 35631080
City Cincinnati	State OH	Zip Code 45252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Cincinnati, Dept of Neuro	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. Steven L. Lewis		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 1725 W Harrison St Ste 1106		Transaction ID : 35631082
City Chicago	State IL	Zip Code 60612-3845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Dr. Uma Menon		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 925 Common St Apt 1000		Transaction ID : 35631086
City New Orleans	State LA	Zip Code 70112-2316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Tulane University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 23
	<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

Full Name (Last, First, Middle Initial) A. Dr. Constantine Moschonas		Date of Receipt 12 / 17 / 2012 Transaction ID : 35631088
Mailing Address 8113 E Del Cuarzo Dr		Amount of Each Receipt this Period 750.00
City Scottsdale	State AZ	Zip Code 85258-2254
FEC ID number of contributing federal political committee. C		
Name of Employer Four Peaks Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Mueller		Date of Receipt 12 / 17 / 2012 Transaction ID : 35631090
Mailing Address 34 Stonybrook Road		Amount of Each Receipt this Period 500.00
City Tenafly	State NJ	Zip Code 07670
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Dr. Amie L. Peterson		Date of Receipt 12 / 17 / 2012 Transaction ID : 35631092
Mailing Address 3846 SE Alder St		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97214-3226
FEC ID number of contributing federal political committee. C		
Name of Employer Portland VA / OHSO	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	1270.00
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 23
	<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 ▼ 1100.00

Date of Receipt 12 / 17 / 2012

Transaction ID : 35631094

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 ▼ 225.00

Date of Receipt 12 / 17 / 2012

Transaction ID : 35631096

Amount of Each Receipt this Period 75.00

c. Dr. Dariush Saghafi
Full Name (Last, First, Middle Initial)

Mailing Address 2741 Belgrave Rd

City Pepper Pike State OH Zip Code 44124-4601

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

Name of Employer Parma Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2012

Transaction ID : 35631098

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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 16 OF 23
	<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. Jeremy M. Shefner		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 7994 Everglades Dr		Transaction ID : 35631100
City Manlius	State NY	Zip Code 13104-8501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SUNY Upstate Medical University	Occupation Physician	
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. Alan G. Stein		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 1301 Punchbowl St		Transaction ID : 35631104
City Honolulu	State HI	Zip Code 96813-2402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer The Queen's Medical Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Bradford Lynn Talcott		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 5636 Veil Dr		Transaction ID : 35631106
City Ammon	State ID	Zip Code 83406-8387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 127 Brookview Ave

City State Zip Code
Fairfield CT 06825-1867

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 17 / 2012

Transaction ID : 35631108

Amount of Each Receipt this Period
500.00

B. Dr. Jack W. Tsao
Full Name (Last, First, Middle Initial)

Mailing Address 9211 Bardon Rd

City State Zip Code
Bethesda MD 20814-2858

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

Name of Employer Occupation
Department of Defense Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
12 / 15 / 2012

Transaction ID : 35636143

Amount of Each Receipt this Period
500.00

C. Mr. Derek Brandt
Full Name (Last, First, Middle Initial)

Mailing Address 1201 East West Hwy Apt 114

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation
American Academy of Neurology Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.98**

Date of Receipt
12 / 20 / 2012

Transaction ID : 35645160

Amount of Each Receipt this Period
10.98

SUBTOTAL of Receipts This Page (optional)..... **560.98**

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 18 OF 23
(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. David S. Saperstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5090 N 40th St Ste 250
 City Phoenix State AZ Zip Code 85018-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoenix Neurological Associates Occupation Physician
 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
 12 / 26 / 2012
Transaction ID : 35649730
 Amount of Each Receipt this Period
 500.00

B. Dr. Joseph S. Lubeck
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 Cherry Cir
 City Wynnewood State PA Zip Code 19096-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware County Memorial Hospital 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
 12 / 21 / 2012
Transaction ID : 35650077
 Amount of Each Receipt this Period
 250.00

c. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35651930
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 19 OF 23
	<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. Maureen A. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6059
 1617 Sylvester St SW
 City Olympia State WA Zip Code 98501-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madigan Army Medical Center / Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35651932
 Amount of Each Receipt this Period
250.00

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35651938
 Amount of Each Receipt this Period
100.00

C. Dr. Todd J. Janus
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Muskogee Avenue
 City Des Moines State IA Zip Code 50312-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Health Physicians Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35651940
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	450.00
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 20 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jerome Lisk
Full Name (Last, First, Middle Initial)
Mailing Address 809 Sequoia Cr.
City Monrovia State CA Zip Code 91016
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern California Mvmnt Dis Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : 35651942
Amount of Each Receipt this Period **100.00**

B. Dr. Gregory T. Pupillo
Full Name (Last, First, Middle Initial)
Mailing Address 225 9th Street S,
City 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 **540.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : 35651944
Amount of Each Receipt this Period **45.00**

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 **1200.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : 35651946
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **245.00**
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 21 OF 23
	<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. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)

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 ▼
1200.00

Date of Receipt
12 / 28 / 2012
Transaction ID : 35651951

Amount of Each Receipt this Period
100.00

B. Dr. Michael E. Markowski
Full Name (Last, First, Middle Initial)

Mailing Address 47 Redwood Circle

City Mashpee State MA Zip Code 02649

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

Name of Employer Hyannis Neurology Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
12 / 27 / 2012
Transaction ID : 35699764

Amount of Each Receipt this Period
200.00

C. Dr. Ronald G. Emerson
Full Name (Last, First, Middle Initial)

Mailing Address 525 East 71st Street
Belaire Building, 5th Floor

City New York State NY Zip Code 10021

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

Name of Employer Columbia-Presbyterian Med Ctr Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 31 / 2012
Transaction ID : 35699806

Amount of Each Receipt this Period
100.00

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: PAGE 22 OF 23
(check only one)

<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. Michael E. Batipps
Full Name (Last, First, Middle Initial)

Mailing Address 106 Irving St NW Ste 2600

City Washington	State DC	Zip Code 20010-2962
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2012

Transaction ID : 35699807

Amount of Each Receipt this Period
100.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	10484.98

**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. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Jackie Walorski

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 35630461

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

500.00

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

500.00