PAGE 1 / 15

Image# 14960455637

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	thorized Committee	Of	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, tyover the lines.	/pe 12FE4M5	
American Academy of	Neurology BrainPA(
ADDRESS (number and street)	401 C St NE			
	1			
Check if different than previously reported. (ACC)	Washington		DC	20002
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00435933		IS THIS REPORT X (N)	OR AMEN	DED
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 20 (M6) Sep 20	Year Only)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q		r 20 (M4) Jul 2	O (M7) Oct 20 ((M10) Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	General (120	G) Runoff (12R)
Quarterly Report (Q October 15	Report for the:	Convention (12C)	Special (12S	i)
Quarterly Report (Q January 31 Year-End Report (Y	Flack:	on on	D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)) Special (30S)
Termination Report (TER)	Report for the:	on on	D / Y = Y = Y	in the State of
5. Covering Period 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M / D D / Y	2014
I certify that I have examined th	is Report and to the best o	f my knowledge and belie	it is true, correct and co	omplete.
Type or Print Name of Treasure	Mr. Timothy J. Engel			
Signature of Treasurer Mr. 7	imothy J. Engel	[Electronically File	d) Date 02	19 / 2014
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person s	signing this Report to the p	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)
Page 2

or Type Committee Name

Write or Type Committee Name American Academy of Neurology BrainPAC 01 2014 01 2014 Report Covering the Period: 01 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 116279.00 January 1, 2014 (b) Cash on Hand at 116279.00 Beginning of Reporting Period..... 27266.00 27266.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 143545.00 143545.00 6(a) and 6(c) for Column B)..... 51769.00 51769.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 91776.00 91776.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

Re	eport Covering the Period: From: 01		01 31 2014				
	I. Receipts	COLUMN A COLUMN B Total This Period Calendar Year-to-D					
11.	Contributions (other than loans) From: (a) Individuals/Persons Other						
	Than Political Committees (i) Itemized (use Schedule A)	17030.00	17030.00				
	(ii) Unitemized(iii) TOTAL (add	10236.00	10236.00				
	Lines 11(a)(i) and (ii)▶	27266.00	27266.00				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▼ Transfers From Affiliated/Other	27266.00	27266.00				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00				
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(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))▶	27266.00	27266.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	27266.00	27266.00				

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
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati ical-to-bate
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(I) II - I - I - I - I - I - I - I - I -	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	7 7	
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	51500.00	51500.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	7	0.00
Loan Repayments Made	0.00	0.00
Zoan riopaymone made		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	269.00	269.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	269.00	269.00
Other Disbursements	0.00	0.00
_	, , , , , , , , , , , , , , , , , , , ,	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal Share		
(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
T. 181		
Total Disbursements (add Lines 21(c), 22,	5,700.00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	51769.00	51769.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	51769.00	51769.00

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)	27266.00	27266.00
34. Total Contribution Refunds (from Line 28(d))	269.00	269.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26997.00	26997.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

15

for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Janice F. Wiesman Date of Receipt Mailing Address 114 Bracken Drive 05 2014 City Zip Code State Transaction ID: 36755596 Marlborough MA 01752-3196 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Boston University School of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Edgar J. Kenton III Date of Receipt Mailing Address 100 N Academy Ave 01 80 2014 City State Zip Code Transaction ID: 36775889 PA Danville 17822-9800 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Geisinger Health system Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John W. Henson Date of Receipt Mailing Address 9420 SE 54th Street 80 2014 01 City Zip Code State Transaction ID: 36776714 WA Mercer Island 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 700.00 С federal political committee. Name of Employer Occupation Swedish Neuroscience Institute Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 2700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

7 OF 15

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	ne) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , ,				_		

Ar or NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John B. Coll Date of Receipt Mailing Address 301 Quail Run 80 2014 City State Zip Code Transaction ID: 36777338 DE Camden Wyoming 19934-9518 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation **Bayhealth Medical Center** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Stephen G. Vincent Date of Receipt Mailing Address 155 Whisper Cove 01 2014 10 City State Zip Code Transaction ID: 36798546 Idaho Falls ID 83404-7407 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Eastern Idaho Neurology Assoc Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John R. Wilson Date of Receipt Mailing Address 928 Mapleton Ave 2014 01 11 City State Zip Code Transaction ID: 36798562 IL Oak Park 60302-1404 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

15

for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 2014 City State Zip Code Transaction ID: 36806657 Tenafly NJ 07670-1118 Amount of Each Receipt this Period FEC ID number of contributing 415.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 415.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St 01 15 2014 City State Zip Code Transaction ID: 36806658 Mercer Island WA 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 415.00 federal political committee. Name of Employer Occupation Swedish Neurosci. Institute, Swedish H Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 415.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Todd J. Janus Date of Receipt Mailing Address 4008 Muskogee Avenue 2014 01 19 City State Zip Code Transaction ID: 36821287 IΑ Des Moines 50312-4627 Amount of Each Receipt this Period FEC ID number of contributing 1050.00 С federal political committee. Name of Employer Occupation UnityPoint Health Physicians Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 1880.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

15

for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Marvin H. Rorick Date of Receipt Mailing Address 8020 Peregrine Lane 2014 21 City Zip Code State Transaction ID: 36823443 OH Cincinnati 45243-2714 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Riverhills Healthcare Corp Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Patrick M. Capone Date of Receipt Mailing Address 125A Medical Cir 01 24 2014 City State Zip Code Transaction ID: 36836474 Winchester VA 22601-3322 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Winchester Neurological Consultants, I Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Marc R. Nuwer Date of Receipt Mailing Address 711 Haverford Ave 2014 01 25 State Zip Code Transaction ID: 36836506 CA Pacific Palisades 90272-4313 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation UCLA Dept. of Clinical Neurophysiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) Dr. Dominic B. Fee Date of Receipt Mailing Address 1224 Litchfield Ln 2014 26 City State Zip Code Transaction ID: 36836521 KY Lexington 40513-1794 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Univ of Kentucky Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Neil A. Busis Date of Receipt Mailing Address 6934 Rosewood St 01 2014 27 City State Zip Code Transaction ID: 36838301 Pittsburgh PA 15208-2639 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation UPP Department of Neurology-Shadyside Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Daniel B. Hoch Date of Receipt Mailing Address 143 South St 2014 01 20 City Zip Code State Transaction ID: 36840021 MA Rockport 01966-2351 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation MGH Professional Organization Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 15 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Robert B. Daroff Date of Receipt Mailing Address 14260 Larchmere Blvd 2014 City Zip Code State Transaction ID: 36845430 OH Cleveland 44120-1316 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Case Western Reserve University Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Christopher Prusinski Date of Receipt Mailing Address 119 Lansing Island 01 29 2014 City State Zip Code Transaction ID: 36845992 FL Indian Harbour Beach 32937-5354 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William T. Bradley Date of Receipt Mailing Address 706 Montclaire Dr 2014 01 07 City Zip Code State Transaction ID: 36889015 Mansfield TX 76063-9138 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation Neuro. Assoc. of Arlington Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$85.00 This changes 0.00 Other (specify) the YTD Total to \$0.00 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	R LINE	NU	MBER	:	PAGE	12 OF	15
Use separate schedule(s) for each category of the	(che	ck only	or	ne)				
Detailed Summary Page	×	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)

Dr. Alexander Krob

Date of Receipt

/		
Full Name (Last, First, Middle Initial) Dr. Alexander Krob		Date of Receipt
Mailing Address 31121 NE 75th PL		01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36889016
La Center	WA 98629-2348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer	Occupation	
Dept of Neurology Unc Hospitals	Physician	
Receipt For:		INFRAO ITEMI
Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM] Refund(s) on Schedule B Totaling \$84.00 This char
Other (specify) ▼	0.00	the YTD Total to \$0.00
Full Name (Last, First, Middle Initial) B. Dr. Joseph H. Friedman		Date of Receipt
Mailing Address 52 Bluff Rd		
Mailing Address 52 Bluff Rd		M M / D D / Y = Y = Y
City	State Zip Code	01 29 2014
Barrington	RI 02806-4314	Transaction ID : 36889017
	02000-4314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer	Occupation	
Brown University	Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM]
Other (specify)	100.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00
Cirici (opcony) •		Changes the TTD Total to \$100.00
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	
Oity	State Zip Gode	Amount of Each Receipt this Period
		Amount of Each Necespt this Fellou
FEC ID number of contributing	C	
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Occupation Aggregate Year-to-Date ▼	
Receipt For: Primary General		
Receipt For:		
Receipt For: Primary General		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Receipt For: Primary General Other (specify) ▼		0.00

SCHEDULE B (FEC Form 3X)	Hee con	arate schedule(s)	FOR LINE			PAGI	13 (OF 1
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)		, , , , , , ,						
American Academy of Neurology B	rainPA	С						
Full Name (Last, First, Middle Initial)								
A. Mike Thompson For Congress				Date of	f Disburse		Y	V
Mailing Address 5429 Madison Avenue				01		7	2014	
,	State CA	Zip Code 95841		Trans	action ID	: 36838315		
Purpose of Disbursement	<u> </u>	93041						
Campaign Contribution			011	Amoun	t of Each	Disburseme	ent this I	Period
Candidate Name			Category/				1500).00
Rep. Mike Thompson Office Sought: House Disbursem	nent For:	2014	Туре		7	7		
Senate President	Primary Other (spe	General		Campai	gn Contril	oution		
State: CA District: 05								
Full Name (Last, First, Middle Initial) National Republican Congressiona	l Comm	vittoo		Date of	f Disburse	ement		
- National Nepublican Congressiona	Comm	iiiiee		M M	/ D		Y	Υ
Mailing Address 320 First Street SE				01		29	2014	
•	State DC	Zip Code 20002		Trans	action ID	: 36840170		
Purpose of Disbursement		20002						
National Party Contribution			011	Amoun	t of Each	Disburseme	ent this I	Period
Candidate Name			Category/ Type				15000	0.00
	nent For: Primary Other (spe	General cify) ▼		Nationa	ıl Party Co	ontribution		
Full Name (Last, First, Middle Initial)								
Democratic Senatorial Campaign C	ommitt	ee			f Disburse			
Mailing Address 120 Maryland Ave. NE				0 <u>1</u>	2	9	2014	Y
,	State DC	Zip Code 20002		Trans	action ID	: 36840171		
Purpose of Disbursement		20002						
National Party Contribution Candidate Name			011	Amoun	t of Each	Disburseme	ent this I	Period
Candidate Name			Category/ Type				15000	0.00
President	nent For: Primary Other (spe	General cify) ▼		Nationa	l Party Co	ontribution		
State: District:								
SUBTOTAL of Disbursements This Page (optional)			·····		,	-	31500	0.00
TOTAL This Period (last page this line number only).								_

SCHEDULE B (FEC Form 3X)	Llea conorata achadula(=)	FOR LINE I	PAGE 14 OF 15	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		□ 24 □ □ □ □ ○
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso		
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Neurology E	BrainPAC			
Full Name (Last, First, Middle Initial)				
A. Democratic Congressional Campai	gn Committee		Date of Disbursem	
Mailing Address 430 South Capitol St. SE			01 29	2014
2nd Floor				
City S Washington	State Zip Code DC 20003		Transaction ID:	36840172
Purpose of Disbursement	20003			
National Party Contribution		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disbursen	nent For:	Туре		7
	Primary General		National Party Cont	ribution
President	Other (specify) ▼		,	
State: District:				
Full Name (Last, First, Middle Initial) National Republican Senatorial Co	mmittoc		Date of Disbursem	ent
3. National Republican Senatorial Co	mmuee		M M / D D	
Mailing Address Ronald Reagan Republican Cente 425 2nd Street NE	r		01 29	2014
,	State Zip Code DC 2000		Transaction ID:	36840176
Washington Purpose of Disbursement	2000			
National Party Contribution		011	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		5000.00
Office Sought: House Disbursen	nent For:	.,,,,		
	Primary General		National Party Cont	ribution
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Republican Main Street PAC			Date of Disbursem	ent
			M M / D D	
Mailing Address 325 7th Street, NW Suite 610			01 29	2014
	State Zip Code		Transaction ID :	36840177
Washington Purpose of Disbursement	DC 20004		Transaction ib .	30040171
Federal PAC contribution		011	Amount of Each D	isbursement this Period
Candidate Name		Category/	Amount of Each B	
		Type		5000.00
Office Sought: House Disbursen Senate	nent For: Primary General			
President	Other (specify)		Federal PAC contrib	Dution
State: District:				
				15000.00
SUBTOTAL of Disbursements This Page (optional)		·····•		13000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 15
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER.
LIMIZED DISDONISEIVILIANS	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Suffilliary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
angle American Academy of Neurology B	BrainPAC		
Full Name /Look First Middle Letter		-	
Full Name (Last, First, Middle Initial)			Date of Disbursement
- NewDemPAC			M M / D D / Y Y Y Y
Mailing Address 700 13 St. NW			01 292014
Suite 600			
,	State Zip Code		Transaction ID : 36840178
Washington Purpose of Disbursement	DC 20005		
Federal PAC contribution		011	Amount of Each Disbursement this Period
Candidate Name			, and an or Latin Dispursonient this relieu
		Category/ Type	5000.00
Office Sought: House Disburser	nent For:	11	,
Senate	Primary General		Federal PAC contribution
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishamana i
			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Maining Addition			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		البيا	Amount of Lacif Dispulsement this Period
Carried Harris		Category/ Type	
Office Sought: House Disbursen	nent For:	.,,,,	,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
···			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
waiiiiy Audiess			
City	State Zip Code		
	· 		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		
President	Other (specify)		
State: District:	•		
'			
SUBTOTAL of Disbursements This Page (optional)			5000.00
		<u> </u>	F1000 00
TOTAL This Period (last page this line number only)			51500.00