Image# 12972039667 PAGE 1 / 25

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only									
1.	NAME OF COMMITTE	EE (in full)	TYPE OR	PRINT ▼		mple: If typi r the lines.	ng, type	12FE	1M5								
A	merican /	Academy of	Neurolo	gy Brainf	PAC						1						
ADI	DRESS (num	ber and street)	509b 2nd	d St NE													
Ė	Chook	if different	Lower Le	evel													
L	than p	reviously ed. (ACC)	Washing	gton				DC	200	02	-						
2.	FEC IDEN	TIFICATION N	JMBER ▼		CITY 🛦		5	STATE A		ZIP CO	DE 🛦						
	C coo	435933			3. IS THIS REPORT		NEW (N) OR		AMENDEI (A)	0							
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:		(b) Moi Rep	oort	Feb 20 (M2)		May 20 (M5)	×	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)						
			Due On: Mar 20 (M3)						Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)						
	Δr	oril 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10))	Jan 31 (YE)						
		uarterly Report (C	Q1) (c)	12-Day	П	Primary (12F	P)	Ger	eral (12G)	П	Runoff (12R)						
	U Qu	ily 15 uarterly Report (C	Q2)	PRE-Electio		Convention (1	cial (12S)		, ,						
		ctober 15 uarterly Report (C	Q3)	riopoit ioi i			(1.20)	op.	o.a. (120)								
	Ja Ye	January 31 Year-End Report (YE		E	Election on	M M /	D D /	Y Y Y Y	Y	in the State o	ıf						
	Re	aly 31 Mid-Year eport (Non-electio ear Only) (MY)	on (d)	30-Day POST-Elect		General (300	G)	Run	off (30R)		Special (30S)						
		ermination Report		Report for t	ne:	M = M /	D D /	Y = Y = Y	Y	in the							
	(1	Lity		E	Election on					State o	f						
5.	Covering P	eriod 07			012	through	M M M	31		012							
l ce	ertify that I ha	ave examined th	nis Report a	and to the be	est of my kno	wledge and	belief it is tru	e. correc	t and comp	ete.							
	-	ame of Treasure	-	othy J. Engel													
									M M / C	D /	Y Y Y Y						
Sig	nature of Tre	easurer Mr. 7	Timothy J. En	gel		[Electronicall	y Filed] D	ate		7	2012						
NO [.]	TE: Submissi	on of false, erron	eous, or inc	omplete infor	mation may su	bject the per	son signing th	is Report	to the pena	Ities of 2 l	J.S.C. §437g.						
	Office		,			,				C FOR							
	Use Only								' '	Rev. 12/2							

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC 01 2012 07 2012 Report Covering the Period: 07 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 155948.02 January 1, 2012 (b) Cash on Hand at 96876.23 Beginning of Reporting Period..... 161309.21 11231.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 108107.23 317257.23 6(a) and 6(c) for Column B)..... 46524.21 255674.21 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 61583.02 61583.02 (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

I. Receipts ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Individuals/Persons Other Than Political Committees	8338.00	111331.00
Than Political Committees	8338.00	111331 00
	8338.00	111331.00
(i) Itemized (use Schedule A)	8338.00	111551.00
(ii) Unitemized	2893.00	42554.00
(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	1235 1.00
Lines 11(a)(i) and (ii)▶	11231.00	153885.00
_	0.00	0.00
	0.00	0.00
	0.00	0.00
	7	
	11231.00	153885.00
/ Committees	0.00	0.00
F	200	
pans Received	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
	0.00	0.00
	0.00	3900.00
	0.00	3 3 3
	0.00	3524.21
sfers from Non-Federal and Levin Funds	7	3 2521.21
	0.00	0.00
	7	, , , , , ,
evin Funds (from Schedule H5)	0.00	0.00
S Sando (nom obriodalo 110)		
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Lines 11(a)(i) and (ii)	Lines 11(a)(i) and (ii)

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				
1. (Operating Expenditures: (a) Allocated Federal/Non-Federal	1000 1000	Calcinda Tear-to-Date				
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00				
	(i) Tederal Share						
	(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				
-	Transfers to Affiliated/Other Party	0.00	0.00				
	Committees	0.00	0.00				
(F	Contributions to Federal Candidates/Committees	43000.00	251450.00				
	and Other Political Committees	43000.00	251150.00				
	Independent Expenditures (use Schedule E)	0.00	0.00				
. (Coordinated Party Expenditures						
((2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
`	,						
L	Loan Repayments Made	0.00	0.00				
	i						
	Loans Made Refunds of Contributions To:	0.00	0.00				
	(a) Individuals/Persons Other	0.00	1000.00				
	Than Political Committees	0.00	1000.00				
((b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees						
`	(such as PACs)	0.00	0.00				
1	(d) Total Contribution Refunds						
((add Lines 28(a), (b), and (c))▶	0.00	1000.00				
	(444 21100 20(4), (6), 414 (6),						
(Other Disbursements	3524.21	3524.21				
	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				
7	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46524.21	255674.21				
_	-, ,,,,,,,,,	10027.21	233074.21				
7	Total Federal Disbursements						
((subtract Line 21(a)(ii) and Line 30(a)(ii)						
f	from Line 31)	46524.21	255674.21				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11231.00	153885.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	1000.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11231.00	152885.00	
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	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

OF

25

for each category of the 12 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. Erich W. Garland Date of Receipt Mailing Address 3920 Washington Pkwy 05 2012 City State Zip Code Transaction ID: 35001464 ID Idaho Falls 83404-7596 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Idaho Falls Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rod Larson Date of Receipt Mailing Address 4418 Xerxes Ave S 07 16 2012 City State Zip Code Transaction ID: 35049122 MN Minneapolis 55410 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation American Academy of Neurology Deputy Exec. Director, Center for Heal Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 07 16 2012 City Zip Code State Transaction ID: 35050310 OH Twinsburg 44087 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Children's Hospital and Med. Center of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 1650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perthe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer Mailing Address 2323 Dunstan Rd City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 77005-2613 C Occupation Neurologist Aggregate Year-to-Date ▼ 510.00	Date of Receipt O7 16 2012 Transaction ID: 35050316 Amount of Each Receipt this Period 85.00
Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass Mailing Address One Baylor Plaza NB-302 City Houston FEC ID number of contributing federal political committee. Name of Employer Baylor College of Medicine Receipt For: Primary General Other (specify)	State Zip Code TX 77030 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 07 16 2012 Transaction ID: 35050322 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton III Mailing Address 2 Clearview Dr City Danville FEC ID number of contributing federal political committee. Name of Employer Geisinger Health system Receipt For: Primary General Other (specify)	State Zip Code PA 17821 C Occupation Physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 07 16 2012 Transaction ID: 35050339 Amount of Each Receipt this Period 750.00
SUBTOTAL of Receipts This Page (optional).	>	885.00
TOTAL This Period (last page this line number	er only)	

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

F	TOTAL HOMBETT				PAGE		8	OF		25			
(0	(check only one)												
	X	11a		11b		11c		12					
		13		14		15		16	;		17		

	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela Mailing Address 9878 Zig Zag Road City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Univ of Cincinnati, Dept of Neuro Receipt For: Primary General Other (specify)	State Zip Code OH 45252 C Occupation Neurologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Mailing Address 1725 W Harrison St Ste 110 City Chicago FEC ID number of contributing federal political committee. Name of Employer Rush Univ. Med. Ctr. Receipt For: Primary General Other (specify)	State Zip Code IL 60612-3845 C Occupation Physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt O7 16 2012 Transaction ID: 35050349 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Constantine Moschonas Mailing Address 8113 E Del Cuarzo Dr City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Four Peaks Neurology Receipt For: Primary General Other (specify)	State Zip Code AZ 85258-2254 C Occupation Physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt O7 16 2012 Transaction ID: 35050366 Amount of Each Receipt this Period 750.00
SUBTOTAL of Receipts This Page (optional)	>	1100.00
TOTAL This Period (last page this line number	er only)	

	FOR	LINE	NU	MBER	:	PAGE	9	OF
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Detailed Summary Page	X	11a		11b		11c	12	_
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			13	14	15		16	
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Any information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourpose c	of soliciting	CO	ntributio	กร
or for commercial purposes, other than using the name and a	ddress of any political committee	to sol	icit con	tributions	from such	o co	mmittee	€.
NAME OF COMMITTEE (In Eull)								

or for commercial purposes, other than using tr	le name and address of any political committee to	5 SOLICIT COMMIDULIONS FROM SUCH COMMITTEE.
NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Mailing Address 610 E Palisade Ave		Date of Receipt 07 16 2012
City Englewood Cliffs	State Zip Code NJ 07632-1801	Transaction ID : 35050368 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts Mailing Address 126 Cayay Chass	Date of Receipt	
Mailing Address 136 Covey Chase City Tuscaloosa	State Zip Code AL 35406-1801	07 16 2012 Transaction ID : 35050388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi		Date of Receipt
Mailing Address 2741 Belgrave Rd		07 16 2012
City Pepper Pike	State Zip Code OH 44124-4601	Transaction ID: 35050390 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Parma Neurology	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line numbe	r only)	

	FOF	FOR LINE NUMBER: PAGE 10 C									
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] ₁ .	

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. Bradford Lynn Talcott Date of Receipt Mailing Address 5636 Veil Dr 2012 16 City State Zip Code Transaction ID: 35050398 ID 83406-8387 Ammon Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lyzette E. Velazquez Date of Receipt Mailing Address 29 Glen Hill Ln 07 2012 16 City State Zip Code Transaction ID: 35050415 NY Tarrytown 10591-5061 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Bronx Medical Neuro Care Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Dario M. Zagar Date of Receipt Mailing Address 127 Brookview Ave 2012 07 16 City State Zip Code Transaction ID: 35050419 CT Fairfield 06825-1867 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Physician Associated Neurologists of So. Ct. Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)		I	7	Ξ	I	7	Ī	27	5.00	
TOTAL This Period (last page this line number only)	т			7	7					

350.00

Other (specify)

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

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for each category of the 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. Lalitha Sivaswamy Date of Receipt Mailing Address 3901 Beaubien Blvd. Attn: Lalitha Sivaswamy 2012 City Zip Code State Transaction ID: 35059667 Detroit MI 48201-2119 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Wayne State University Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael C. Graeber Date of Receipt Mailing Address 971 Lakeland Dr Ste 560 2012 07 19 City State Zip Code Transaction ID: 35069656 MS Jackson 39216-4607 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Muscle & Nerve, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Lynne Adams Bell Date of Receipt Mailing Address PMB 120 20 2012 07 25 NW 23rd Place, Suite 6 City Zip Code State Transaction ID: 35070171 OR Portland 97210-5599 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1365.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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. Brian N. Kirschner Date of Receipt Mailing Address 29946 Mayfair Dr 20 2012 City Zip Code State Transaction ID: 35076156 Farmington MI 48331-2152 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Millennium Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gregory L. Barkley Date of Receipt Mailing Address 2890 Burlington St 30 2012 07 City State Zip Code Transaction ID: 35090659 MI Ann Arbor 48105-1435 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Henry Ford Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Madeleine Geraghty Date of Receipt Mailing Address 1803 E Westminster Ln 30 2012 07 City Zip Code State Transaction ID: 35090663 WA Spokane 99223-8406 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Providence Stroke and TIA Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus Mailing Address 4008 Muskogee Avenue City Des Moines FEC ID number of contributing federal political committee. Name of Employer Iowa Health Physicians Receipt For: Primary General Other (specify)	State Zip Code IA 50312-4627 C Occupation Neurologist Aggregate Year-to-Date ▼ 700.00	Date of Receipt 07 30 2012 Transaction ID: 35090665 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Jerome Lisk Mailing Address 65 N Madison Ave Ste 410 City Pasadena FEC ID number of contributing federal political committee. Name of Employer Southern California Mvmnt Dis Receipt For: Primary General Other (specify)	State Zip Code CA 91101-2049 C Occupation Neurologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 07 30 2012 Transaction ID: 35090667 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Gregory T. Pupillo Mailing Address 225 9th Street S, City La Crosse FEC ID number of contributing federal political committee. Name of Employer Franciscan-Skemp Healthcare Receipt For: Primary General Other (specify)	State Zip Code WI 54601-4145 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 07 30 2012 Transaction ID: 35090873 Amount of Each Receipt this Period 45.00
SUBTOTAL of Receipts This Page (optional)		245.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 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. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 30 2012 City Zip Code State Transaction ID: 35090878 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Sarah Song Date of Receipt Mailing Address 1717 Purdue Ave Apt 4 30 2012 07 City State Zip Code Transaction ID: 35090885 CA Los Angeles 90025-6726 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Georgetown University Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael W. Morse Date of Receipt Mailing Address 2008 N Bridgeton Ct 30 2012 07 City State Zip Code Transaction ID: 35091155 AR Fayetteville 72701-2992 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Neurological Associates Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

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. Carolyn L. Taylor Date of Receipt Mailing Address 11 Bellwether Way Suite 210 2012 31 City Zip Code State Transaction ID: 35092297 98229-2574 WA Bellingham Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Northwest Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue 07 31 2012 City State Zip Code Transaction ID: 35092418 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing 168.00 federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 588.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 268.00 SUBTOTAL of Receipts This Page (optional)..... 8338.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule	(s) FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e Corlock only	one) 22 X 23 24 25 28a 28b 28c 29
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Academy of Neurology E		541 001111111100 10	Commission from Such Commission
Full Name (Last, First, Middle Initial)			
A. Congressman Waxman Campaign	Committee		Date of Disbursement
Mailing Address 6380 Wilshire Blvd., #1612			07 09 2012
Los Angeles	State Zip Code CA 90048		Transaction ID : 35010302
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Per
Candidate Name Rep. Henry A. Waxman		Category/ Type	2500.00
Office Sought: House Disburser Senate President	ment For: 2012 Primary ∑ Genera Other (specify) ▼		Campaign Contribution
State: CA District: 30 Full Name (Last, First, Middle Initial) B. Van Hollen For Congress			Date of Disbursement
Mailing Address 10537 St. Paul St.			07 09 2012
Kensington	State Zip Code MD 20895		Transaction ID : 35021899
Purpose of Disbursement Campaign Contribution Candidate Name		011	Amount of Each Disbursement this Per
Rep. Chris Van Hollen		Category/ Type	2500.0
Office Sought: House Disburser Senate	ment For: 2012 Primary X General Other (specify) ▼		Campaign Contribution
Full Name (Last, First, Middle Initial) C. Renee Ellmers For Congress Com	mittee		Date of Disbursement
Mailing Address P.O. Box 904			07 09 2012
Dunn	State Zip Code NC 28335		Transaction ID: 35021903
Purpose of Disbursement Campaign Contribution Candidate Name		011	Amount of Each Disbursement this Per
Rep. Renee Ellmers RN		Category/ Type	500.00
Senate President	ment For: 2012 Primary	I	Campaign Contribution
State: NC District: 02		I	

S	CHEDULE B (FEC Form 3X)			FOR LINE	PAGE 17 OF 25		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)		
			Summary Page	21b	22	X 23	24 25 26 28c 29 30
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	NAME OF COMMITTEE (In Full)						
	American Academy of Neurology B	rainPA	С				
_	Full Name (Last, First, Middle Initial)						
Α.	The Freedom Project				Date o	f Disburse	ment
	Marie Add				M M	/ D	
	Mailing Address 631-B Pennsylvania Avenue, SE				07	09	9 2012
	City	State	Zip Code				
	Washington	DC	20003		Trans	saction ID	: 35021904
	Purpose of Disbursement Leadership contribution						
	Candidate Name			011	Amoun	t of Each	Disbursement this Period
	Candidate Name			Category/ Type			5000.00
	Office Sought: House Disbursen	nent For:		Турс		,	
	Senate	Primary	General		Leaders	ship contrik	oution
	President	Other (spe	ecify) 🔻			·	
_	State: District:						
В.	Full Name (Last, First, Middle Initial)				Doto o	f Disburse	mont
υ.	Friends Of John Boehner					_	
	Mailing Address 7908 Cincinnati Dayton Road Suite I				07	0	
	•	State	Zip Code		Trans	saction ID	: 35021911
		ОН	45069		man	saction ib	. 33021311
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period
	Candidate Name				7 1110 011	t or Easi	Diodalocinion tino i ched
	Rep. John A. Boehner			Category/ Type		-,-	5000.00
		nent For:					
		Primary	Marie General		Campa	ign Contrib	oution
	President State: OH District: 08	Other (spe	ecity) 🔻				
_	Full Name (Last, First, Middle Initial)						
C.	Denny Heck For Congress				Date o	f Disburse	ment
					M = M	/ D	D / Y Y Y Y Y
	Mailing Address PO Box 235				07	Ō:	9 2012
	City	State	Zip Code				
	-	WA	98507		Trans	saction ID	: 35021912
	Purpose of Disbursement						
	Campaign Contribution Candidate Name			011	Amoun	t of Each	Disbursement this Period
	Mr. Dennis Heck			Category/ Type			1000.00
		nent For:	2012	туре		-	7
		Primary	General		Campai	ign Contrib	oution
	President	Other (spe	ecify) 🔻		pui	J. 20	
_	State: WA District: 10						
							11000.00
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SCHEDULE B (FEC Form 3X)	11	FOR LINE I	
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NAME OF COMMITTEE (In Full)			
American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial) A. Ben Cardin For Senate			Date of Disbursement
A. Ben Cardin For Senate			M M / D D / Y Y Y Y
Mailing Address P.O. Box 21093			07 19 2012
011			
City S Catonsville	State Zip Code MD 21228		Transaction ID: 35069316
Purpose of Disbursement	21220		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Benjamin Cardin		Type	1000.00
	nent For: 2012		
Senate President	Primary		Campaign Contribution
State: MD District:	Offici (specify)		
Full Name (Last, First, Middle Initial)			
B. David Scott For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 960821			07 19 2012
City	State Zip Code		Transaction ID : 35069607
Riverdale	GA 30296		11alisaction iD . 33009007
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Period
Rep. David Albert Scott		Category/ Type	1000.00
•	nent For: 2012	.,,,,,	, ,
	Primary General		Campaign Contribution
President	Other (specify) ▼		
State: GA District: 13			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. Matheson For Congress			M M / D D / Y Y Y Y
Mailing Address P O Box 521048			07 23 2012
0::			
City Salt Lake City	State Zip Code UT 84152		Transaction ID: 35076208
Purpose of Disbursement	0.01102		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. James D. Matheson Office Sought: House Disburser	nent For: 2012	Туре	1000.00
	Primary Seneral		Campaign Contribution
President	Other (specify) ▼		Campaign Contribution
State: UT District: 02			
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SUBTOTAL of Disbursements This Page (optional)		······	3500.00

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NAME OF COMMITTEE (In Full)				
American Academy of Neurology E	BrainPAC			
Full Name (Last, First, Middle Initial)			Data of Dishurasment	
A. Friends Of Joe Heck			Date of Disbursement	
Mailing Address PO Box 750114			07 23 2012	
City	State Zip Code		Transaction ID 05070000	
Las Vegas	NV 89136		Transaction ID: 35076236	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		ĺ
Rep. Joseph J. Heck		Type	2500.00	
Senate President	nent For: 2012 Primary General Other (specify)		Campaign Contribution	
State: NV District: 03				
Full Name (Last, First, Middle Initial)			B (B: L	
B. Al Franken For Senate 2014			Date of Disbursement	
Mailing Address PO Box 583144			07 23 7 2012	
City	State Zip Code		Transaction ID : 35080971	_
Minneapolis	MN 55458		11ansaction iD . 33000971	
Purpose of Disbursement Campaign Contribution		011	Amount of Fook Dishurasment this Device	
Candidate Name		011	Amount of Each Disbursement this Period	ï
Sen. Al Franken		Category/ Type	2500.00	
	nent For: 2014	1,500		
	Primary General Other (specify) ▼		Campaign Contribution	
Full Name (Last, First, Middle Initial)				_
C. Diane Black For Congress			Date of Disbursement	
Mailing Address PO Box 1437			07 23 / 2012	
City	State Zip Code		Transaction ID : 35081199	
Gallatin	TN 37066		Transaction ID: 3506 (199	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		ï
Rep. Diane Black		Type	1000.00	
Office Sought: House Disburser Senate President	nent For: 2012 Primary General Other (specify)		Campaign Contribution	
State: TN District: 06				
SUBTOTAL of Disbursements This Page (optional)		······	6000.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 2				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	•	04 🗆 05 — 00		
	Detailed Summary Page	21b 27		24 25 26 30b		
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NAME OF COMMITTEE (In Full)						
American Academy of Neurology I	BrainPAC					
Full Name (Last, First, Middle Initial)						
A. Lance For Congress			Date of Disbursement	<u>. </u>		
Mailing Address PO Box 225			07 23	2012		
Mailing Address FO Box 225			01 23	2012		
City	State Zip Code		T .: ID 050			
Colonia	NJ 07067		Transaction ID: 350)81200		
Purpose of Disbursement Campaign Contribution		100				
		011	Amount of Each Disb	ursement this Period		
Candidate Name Rep. Leonard Lance		Category/		1000.00		
	ment For: 2012	Туре				
Senate	Primary Seneral		Campaign Contribution	.		
President	Other (specify) ▼		Campaign Contribution	I		
State: NJ District: 07	,					
Full Name (Last, First, Middle Initial)						
B. Hoeven For Senate			Date of Disbursement	:		
			M M / D D	/ Y Y Y Y Y		
Mailing Address PO Box 15114			07 23	2012		
City	State Zip Code					
Arlington	VA 22215		Transaction ID: 350)81201		
Purpose of Disbursement						
Campaign Contribution		011	Amount of Each Disbo	ursement this Period		
Candidate Name		Category/		1000.00		
Sen. John Hoeven Office Sought: House Disburse	ment For: 2016	Туре		4		
	Primary General		On the control of the	_		
President	Other (specify) ▼		Campaign Contribution	1		
State: ND District:	(-II)/ V					
Full Name (Last, First, Middle Initial)						
C. Gene Green Congressional Camp	aign		Date of Disbursement	:		
	<u> </u>		M M / D D	/ Y Y Y Y Y		
Mailing Address PO Box 16128			07 23	2012		
City	State Zip Code					
Houston	TX 77222		Transaction ID: 350)81423		
Purpose of Disbursement						
Campaign Contribution		011	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		1000.00		
Rep. Gene Green		Туре		1000.00		
	ment For: 2012					
Senate President	Primary		Campaign Contribution	ı		
State: TX District: 29	outer (openity) ▼					
20						
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		Detailed	Summary Page	27	28a	28b	28c 29		
	y information copied from such Reports and Staten								
	for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Academy of Neurology B	BrainPA	C						
_	Full Name (Last, First, Middle Initial)				_				
Α.	Friends Of John Barrow					f Disburse			
	Mailing Address PO Box 8166				07	2			
	City	State	Zip Code		Trans	action ID	: 35081424		
	Savannah	GA	31412		ITAIIS	action iD	. 35061424		
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period		
	Candidate Name			Category/			1000.00		
	Rep. John Barrow Office Sought: House Disbursen	nent For:	2012	Туре		7	1000.00		
		Primary Other (spe	General		Campa	gn Contrib	oution		
_	State: GA District: 12								
_	Full Name (Last, First, Middle Initial)				5.				
В.	Progressive Choice PAC					f Disburse			
	Mailing Address PO Box 58				07	2	2012		
	City S Evanston	State IL	Zip Code 60204		Trans	saction ID	: 35081425		
	Purpose of Disbursement Leadership PAC Contribution			011	Amoun	t of Each	Disbursement this Period		
	Candidate Name			Category/ Type			1000.00		
		nent For: Primary Other (spe	General cify) ▼		Leaders	ship PAC (Contribution		
	Full Name (Last, First, Middle Initial)								
C.	Pete Stark Re-Election Committee				Date o	f Disburse	ement		
	Mailing Address P.O. Box 8331				07	/ D 2			
	City	State	Zip Code		T	antine In	. 25004.420		
	Fremont	CA	94537		irans	saction ID	: 35081426		
	Purpose of Disbursement Campaign Contribution			044					
	Candidate Name			011	Amoun	t of Each	Disbursement this Period		
	Rep. Pete Stark			Category/ Type			2500.00		
	•	nent For:	2012	.,,,,		,			
		Primary Other (spe	General		Campai	gn Contrib	oution		
_	State: CA District: 13								
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	NAME OF COMMITTEE (In Full)	One in DA	0											
/	American Academy of Neurology E	srainPA	C											
<u></u>	Full Name (Last, First, Middle Initial)													
A.	Levin For Congress						Date o	f Dis	sburse	mer	ıt			
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	Mailing Address PO Box 37						07		2	4	2	2012		
	City	State	Zip Code			+				—				
	Roseville	MI	48066				Trans	sacti	on ID	: 35	082712			
	Purpose of Disbursement				_	7								
	Campaign Contribution			C)11		Amoun	t of	Each	Dist	oursemer	nt this	Perio	d
	Candidate Name				egor	y/						250	0.00	П
	Rep. Sander M. Levin		0010	Т	ype			-	7	_	7	250	3.00	_
	Office Sought: House Disburser	ment For: Primary	2012 General				•		.		_			
	President	Other (spe					Campa	ıgn (ontribر	outio	ก			
	State: MI District: 12	O (OP 0	,cy, \											
	Full Name (Last, First, Middle Initial)													
В.	Friends Of Lois Capps						Date o	f Dis	sburse	men	ıt			
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	Mailing Address P.O. Box 23940						07		2	24	نسا	2012		
	City	Ctata	Zin Codo			-								
	City Santa Barbara	State CA	Zip Code 93121				Trans	sact	ion ID	: 35	082713			
	Purpose of Disbursement		00.2.	-	-	_								
	Campaign Contribution			011		ш	Amoun	t of	Each	Dist	oursemer	nt this	Perio	d
	Candidate Name			Cate	egor	y/							0.00	П
	Rep. Lois Capps			T	ype			-	7	_	-7	100	0.00	-
	Office Sought: House Disburser Senate	ment For: Primary	2012 General											
	President	Other (spe					Campa	ign (Contrib	oitio	n			
	State: CA District: 23	Othor (ope	(Sily) \											
_	Full Name (Last, First, Middle Initial)													
C.	ERIC PAC						Date o	f Dis	sburse	men	ıt			
							M M	/	D	D	/ Y	YY	Υ	
	Mailing Address 209 Pennsylvania Ave. SE						07		2	4	2	2012		
	City	State	Zip Code			-								
	Washington	DC	20003				Trans	sact	ion ID	: 35	082714			
	Purpose of Disbursement					_								
	Leadership PAC Contribution			C)11	ш	Amoun	t of	Each	Dist	oursemer	nt this	Perio	d
	Candidate Name				egor	y/						500	0.00	
	Office Cought			Т	ype			-	7	_		300	0.00	┙
	Office Sought: House Disburser Senate	nent For: Primary	General						D.4.0.	_				
	President	Other (spe					Leaders	ship	PAC (Jontı	ribution			
	State: District:	Othor (ope	√ony) \											
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or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
American Academy of Neurology	BrainPAC						
Full Name (Last, First, Middle Initial)			D-1- 15	: a la . · · · -			
A. Mckinley For Congress			Date of D	isbursem		Y Y Y	-
Mailing Address PO Box 642			07	24		2012	
City	State Zip Code		Transac	tion ID : 3	35082716		
Morgantown	WV 26507		liansac		.5052110		
Purpose of Disbursement Campaign Contribution		011	Amount of	f Each Di	sbursemer	nt this Pe	eriod
Candidate Name		Category/		-		1000.0	10
Rep. David McKinley	amant Fam. 22:2	Type		7	-	1000.0	,5
Senate President	ement For: 2012 Primary		Campaign	Contribut	ion		
State: WV District: 01							
Full Name (Last, First, Middle Initial) B. Engel For Congress			Date of D	isbursem	ent		
			M = M	/ D D	/ Y	Y Y Y	7
Mailing Address 462 California Road			06	18	نــا ا	2012	_
City Bronxville	State Zip Code NY 10708		Transac	tion ID : 3	35138643		
Purpose of Disbursement Campaign Contribution Funds Reported On 06/1	8/2012	011	Amount of	f Each Di	sbursemer	nt this Pe	eriod
Candidate Name Rep. Eliot L. Engel		Category/ Type				1000.0	00
	ement For: 2012	Type	[MEMO IT	FM1	7		
Senate	Primary General		Campaign	-	ion Funds	Reported	l On 06/18/
President President 47	Other (specify) ▼						
State: NY District: 17 Full Name (Last, First, Middle Initial)							
C. Engel For Congress			Date of D	isbursem	ent		
Mailing Address 462 California Road			07	02		y y y 2012	
City	State Zip Code		_				
Bronxville	NY 10708		Transac	tion ID : 3	35138644		
Purpose of Disbursement Campaign Contribution Re-designated funds for t	rans. dated 06/18/2012	011	Amount of	f Fach Di	sbursemer	nt this Pe	eriod
Candidate Name		Category/	, another of		224.0011101		
Rep. Eliot L. Engel		Туре		,		1000.0	10
Senate President	ement For: 2012 Primary General Other (specify)		[MEMO IT Campaign dated 06/1	Contribut	ion Re-des	ignated f	unds for tra
State: NY District: 17							
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,	Use separate schedule(s)	FOR LINE		PAGE 24 OF 25
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or for commercial purposes, other than using the name	ne and address of any political	I committee to	solicit contributions	from such committee.
NAME OF COMMITTEE (In Full)				
American Academy of Neurology E	Regin PAC			
Full Name (Last, First, Middle Initial)				
A. Engel For Congress			Date of Disburse	ment
Mailing Address 400 O III D I				D / Y Y Y Y Y Y
Mailing Address 462 California Road			06 2	6 2012
City	State Zip Code			
Bronxville	NY 10708		Transaction ID	: 35138647
Purpose of Disbursement	7040			
Campaign Contribution Funds Reported On 06/26/2	2012	011	Amount of Each	Disbursement this Period
Candidate Name	"	Category/		1000.00
Rep. Eliot L. Engel		Type		1000.00
	ment For: 2012		[MEMO ITEM]	
Senate X	Other (specify) —		Campaign Contrib	oution Funds Reported On 06/2
State: NY District: 17	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
3. Engel For Congress			Date of Disburse	ement
- Linger i or Congress				D / Y Y Y Y
Mailing Address 462 California Road				2 2012
•	State Zip Code		Transaction ID	: 35138648
Bronxville	NY 10708			
Purpose of Disbursement Campaign Contribution Re-designated funds for tra	ins. dated 06/26/2012	011	Amount of Each	Disbursement this Period
Candidate Name			Amount of Lacif	Dispuisement this Fellod
Rep. Eliot L. Engel		Category/ Type	L	1000.00
	ment For: 2012	1,700	IMEMO ITEM	
Senate	Primary General		[MEMO ITEM] Campaign Contrib	oution Re-designated funds for
President	Other (specify) ▼		dated 06/26/2012	•
State: NY District: 17	· 			
Full Name (Last, First, Middle Initial)				
) .			Date of Disburse	ement
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Mailing Address				_
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Purpose of Disbursement				
			Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		
Office Sought: House Disburser	nent For:			
Senate	Primary General			
President	Other (specify) ▼			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	nents may not be sold or use ne and address of any politica	ed by any personal committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology E			
Full Name (Last, First, Middle Initial) A. AAN Internal Transfer			Date of Disbursement
Mailing Address 201 Chicago Avenue			07 16 7 2012
Minneapolis	State Zip Code MN 55415		Transaction ID: 35036181
Purpose of Disbursement Refund of Accidental Deposit of Internal Funds on 0	05/16/2012	008	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3524.21
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		Refund of Accidental Deposit of Internal Funds of 05/16/2012
State: District: Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
•	State Zip Code		
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify)	Type	
SUBTOTAL of Disbursements This Page (optional)		······ >	3524.21
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