

**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"/>	<input type="text" value="155948.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61583.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16399.00"/>	<input type="text" value="177708.21"/>
(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="77982.02"/>	<input type="text" value="333656.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="269674.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63982.02"/>	<input type="text" value="63982.02"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14759.00	126090.00
(ii) Unitemized	1640.00	44194.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16399.00	170284.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16399.00	170284.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3900.00
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))..... ▶	16399.00	177708.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16399.00	177708.21

DETAILED SUMMARY PAGE
of Disbursements

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.....	14000.00	265150.00
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	1000.00
(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	1000.00
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)) ..	14000.00	269674.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	269674.21

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)	16399.00	170284.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16399.00	169284.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Ana Vidal-Cardona
Full Name (Last, First, Middle Initial)

Mailing Address San Juan Gardens
#1859 San Alvaro Street

City San Juan State PR Zip Code 00926

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

Name of Employer VA Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
08 / 01 / 2012
Transaction ID : 35104980

Amount of Each Receipt this Period
365.00

B. Dr. Leo R. Germin
Full Name (Last, First, Middle Initial)

Mailing Address 1691 W Horizon Ridge Pkwy

City Henderson State NV Zip Code 89012-3494

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

Name of Employer Clinical Neurology Specialists Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 06 / 2012
Transaction ID : 35106534

Amount of Each Receipt this Period
500.00

C. Dr. Stuart J. Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 9325 Crimson Leaf Terrace

City Potomac State MD Zip Code 20854-5490

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 ▼
365.00

Date of Receipt
08 / 06 / 2012
Transaction ID : 35106537

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1230.00
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 22
	<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. David C. Squillacote
Full Name (Last, First, Middle Initial)

Mailing Address 1 Spruce Pl

City State Zip Code
Glen Rock NJ 07452-2000

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

Name of Employer Occupation
Self Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 06 / 2012
Transaction ID : 35106544

Amount of Each Receipt this Period
250.00

B. Dr. Nilay R. Shah
Full Name (Last, First, Middle Initial)

Mailing Address 160 W 66th St Apt 22J

City State Zip Code
New York NY 10023-6558

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 ▼
1000.00

Date of Receipt
08 / 06 / 2012
Transaction ID : 35111840

Amount of Each Receipt this Period
1000.00

C. Dr. Scott L. Selco
Full Name (Last, First, Middle Initial)

Mailing Address 4616 W Sahara Ave #335

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation
Self Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 35111853

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Dr. David T. Greco
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 West Ridge Road
 City New Fairfield State CT Zip Code 06812-4904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Neurologists, LP Occupation Neurologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 35112305
 Amount of Each Receipt this Period 1000.00

B. Dr. Erich W. Garland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3920 Washington Pkwy
 City Idaho Falls State ID Zip Code 83404-7596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Idaho Falls Neurology Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 35112323
 Amount of Each Receipt this Period 500.00

C. Dr. Christopher Prusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Lansing Island
 City Indian Harbour Beach State FL Zip Code 32937
 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 1000.00

Date of Receipt 08 / 08 / 2012
Transaction ID : 35117348
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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. Richard D. Brower
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 Twin Hills Drive
 City El Paso State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Tech University HSC Dept. of Neu Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 09 / 2012
Transaction ID : 35118223
 Amount of Each Receipt this Period
 500.00

B. Dr. Eugene May
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 Fairmount Ave SW
 City Seattle State WA Zip Code 98126-2075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seattle Radiologists Occupation Neuro-ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 10 / 2012
Transaction ID : 35118285
 Amount of Each Receipt this Period
 500.00

C. Dr. James F. Selwa
 Full Name (Last, First, Middle Initial)
 Mailing Address 2044 Valleyview Drive
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne State Univ. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 14 / 2012
Transaction ID : 35122029
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<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. Glenn D. Graham
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Jamieson Ave. Unit 505

City Alexandria	State VA	Zip Code 22314-5709
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FEC ID number of contributing federal political committee. **C**

Name of Employer VA Medical Center	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 15 / 2012
Transaction ID : 35130568

Amount of Each Receipt this Period
500.00

B. Dr. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087
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FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital and Med. Center of	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1450.00

Date of Receipt
08 / 15 / 2012
Transaction ID : 35131778

Amount of Each Receipt this Period
400.00

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

Mailing Address 2323 Dunstan Rd

City Houston	State TX	Zip Code 77005-2613
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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 ▼
595.00

Date of Receipt
08 / 15 / 2012
Transaction ID : 35131928

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	985.00
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 22
<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. Joseph S. Kass
Full Name (Last, First, Middle Initial)

Mailing Address One Baylor Plaza NB-302

City Houston State TX Zip Code 77030

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : 35132047

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : 35132076

Amount of Each Receipt this Period **100.00**

C. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 610 E Palisade Ave

City Englewood Cliffs State NJ Zip Code 07632-1801

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 ▼ **3000.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : 35132123

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 22
	<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 ▼ 700.00

Date of Receipt 08 / 15 / 2012
Transaction ID : 35132179
 Amount of Each Receipt this Period 100.00

B. 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 ▼ 600.00

Date of Receipt 08 / 15 / 2012
Transaction ID : 35132227
 Amount of Each Receipt this Period 100.00

C. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Brookview Ave
 City Fairfield State CT Zip Code 06825-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Neurologists of So. Ct. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2012
Transaction ID : 35132353
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 22
	<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. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt **08 / 17 / 2012**

Transaction ID : 35149058

Amount of Each Receipt this Period **84.00**

B. Dr. Elaine C. Jones
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 603253

City Providence State RI Zip Code 02906

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 ▼ **1000.00**

Date of Receipt **08 / 17 / 2012**

Transaction ID : 35149060

Amount of Each Receipt this Period **250.00**

C. Dr. Thomas G. Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 439 Riverview Lane

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer Osler Medical Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **08 / 21 / 2012**

Transaction ID : 35176138

Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **699.00**

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 22
	<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. Steven Schadendorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Taylor Blvd #301
 City Pleasant Hill State CA Zip Code 94523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Medical Group of Diablo Vall 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
 08 / 23 / 2012
Transaction ID : 35176613
 Amount of Each Receipt this Period
 1000.00

B. Dr. Erobooghene E. Ubogu
 Full Name (Last, First, Middle Initial)
 Mailing Address 12009 Opal Creek Dr
 City Pearland State TX Zip Code 77584-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Med. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2012
Transaction ID : 35178115
 Amount of Each Receipt this Period
 500.00

C. Dr. Nassim Zecavati
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 N Dinwiddie St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgetown University Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 35179726
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Laurence J. Kinsella		Date of Receipt 08 / 25 / 2012 Transaction ID : 35179759
Mailing Address 235 Rosemont Ave		Amount of Each Receipt this Period 250.00
City St. Louis	State MO	Zip Code 63104-2412
FEC ID number of contributing federal political committee. C		
Name of Employer SSM	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Kimberly E. Monday		Date of Receipt 08 / 25 / 2012 Transaction ID : 35179762
Mailing Address 4141 Vista Rd		Amount of Each Receipt this Period 500.00
City Pasadena	State TX	Zip Code 77504-2113
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Hermann Southeast Hospital	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. W D. Overfield		Date of Receipt 08 / 25 / 2012 Transaction ID : 35179765
Mailing Address 12525 35th St E		Amount of Each Receipt this Period 500.00
City Puyallup	State WA	Zip Code 98372-2454
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 ▼ 500.00	

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 16 OF 22
	<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. Jane Achenbach
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 73

City Cambridge State MN Zip Code 55008-0073

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

Name of Employer Cambridge Medical Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2012
Transaction ID : 35179767

Amount of Each Receipt this Period 500.00

B. 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 ▼ 800.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 35180670

Amount of Each Receipt this Period 100.00

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

Mailing Address 1803 E Westminster Ln

City Spokane State WA Zip Code 99223-8406

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 ▼ 600.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 35180674

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 22
	<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. 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 ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : 35180678

Amount of Each Receipt this Period
100.00

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

Mailing Address 65 N Madison Ave Ste 410

City Pasadena State CA Zip Code 91101-2049

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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : 35180680

Amount of Each Receipt this Period
100.00

C. 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 ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : 35180687

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).....▶	

**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 22
(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. 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 ▼ 800.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 35180689
Amount of Each Receipt this Period 100.00

B. Dr. Sarah Song
Full Name (Last, First, Middle Initial)
Mailing Address 1717 Purdue Ave Apt 4
City Los Angeles State CA Zip Code 90025-6726
FEC ID number of contributing federal political committee. **C**
Name of Employer Georgetown University Hospital Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 35180691
Amount of Each Receipt this Period 50.00

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 ▼ 800.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 35180693
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 19 OF 22
(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. Full Name (Last, First, Middle Initial)
Dr. Sara G. Austin

Mailing Address 3006 Loveland Cove

City Austin State TX Zip Code 78746-7635

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
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : 35181875

Amount of Each Receipt this Period
500.00

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 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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	14759.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Leadership PAC Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 35099878

Amount of Each Disbursement this Period

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 13

Date of Disbursement

/ /

Transaction ID : 35099879

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

/ /

Transaction ID : 35099880

Amount of Each Disbursement this Period

Campaign Contribution

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

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

**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. Hatch Election Committee Inc

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Orrin Grant Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 35099885

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Whitehouse For Senate

Mailing Address P.O. Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Sheldon Whitehouse

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 35100185

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pingree For Congress

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Chellie M. Pingree

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 35100466

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

7000.00

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

**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. Fleming For Congress

Mailing Address P.O. Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. John C. Fleming MD

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : 35100504

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

1000.00

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

14000.00