Image# 12952913669			_		PAGE 1 / 22
FEC AN	EPORT OF F ND DISBURS Other Than An Author	SEMENT	S	Office	Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT V	Example: If typir	ng, type 1	2FE4M5	
American Academy of Ne	urology BrainPAC				
ADDRESS (number and street)	09b 2nd St NE				
	ower Level				
the one musicipality	Vashington			DC 200	02
2. FEC IDENTIFICATION NUMB	ER V CITY		ST	ATE 🔺	ZIP CODE
C C00435933	3. IS RE		NEW N) OR	AMENDEI (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Due On: Mar 2	0 (M3)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) V Y Y Runoff (30R)) Dec 20 (M12 (Non-Election Year Only)
5. Covering Period	Election		M M / 08		State of 012
	Ar. Timothy J. Engel	[Electronicall	y Filed] Date	e 09 / 1	2012 2012
Office Use Only					C FORM 3X Rev. 12/2004

09/14/2012 10 : 31

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
	Vrite or Type Committee Name		
/	American Academy of Neurology Br	ainPAC	
R	Report Covering the Period: From: 08	M / D D / Y Y Y Y 01 2012 To:	M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		155948.02
	(b) Cash on Hand at Beginning of Reporting Period	61583.02	
	(c) Total Receipts (from Line 19)	16399.00	177708.21
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	77982.02	333656.23
7.	Total Disbursements (from Line 31)	14000.00	269674.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63982.02	63982.02
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

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Image# 12952913671	
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:	1	
(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
	0.00	0.00
(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 Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	16200.00	170284.00
Totals to Line 33, page 5)▶	16399.00	110204.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received		0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	, , ,	, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	3900.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	3524.21
3. 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
	<u>, , , , , , , , , , , , , , , , , , , </u>	
D. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	16399.00	177708.21
). Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	16399.00	177708.2

DETAILED SUMMARY PAGE

II. Dialassa and	COLUMN A	COLUMN B
II. Disbursements	Total This Period	COLOMN B Calendar Year-to-Date
. Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(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	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees	14000.00	
and Other Political Committees Independent Expenditures		265150.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	1000.00
. Other Disbursements	0.00	3524.2
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	0.0
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ► 	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14000.00	269674.2
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	14000.00	269674.21

L

DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures						
. Total Contributions (other than loans) (from Line 11(d), page 3)	16399.00	170284.00				
. Total Contribution Refunds (from Line 28(d))	0.00	1000.00				
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16399.00	169284.00				
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00				
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				

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		X 11a		11b	110	;	12					
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	ny information copied from such Reports and s for commercial purposes, other than using the														
<u>, , , , , , , , , , , , , , , , , , , </u>	NAME OF COMMITTEE (In Full)											_			
$ \rangle$	American Academy of Neurolog	ov BrainP	AC												
\square		g) D iaini													
	Full Name (Last, First, Middle Initial)														
Α.				_			Receipt								
	Mailing Address San Juan Gardens			08 01 2012 Transaction ID : 35104980											
	#1859 San Alvaro Street	State	Zip Code												
	San Juan	PR	00926	Amount of Each Receipt this Period											
	FEC ID number of contributing			365.00											
	federal political committee.	С			L.,		- 7			365	.00	J.			
	Name of Employer	Occupation	1	_											
	VA	Neurologist													
	Receipt For:	-	Year-to-Date ▼	\neg											
	Primary General	Ayyreyale		1											
	Other (specify)		365.00												
			, ,	_											
_	Full Name (Last, First, Middle Initial)														
в.	Dr. Leo R. Germin				Date	of H	Receipt								
	Mailing Address 1691 W Horizon Ridge Pkwy				08	M		D / D6		2012	Y				
	City	State	Zip Code	Transaction ID : 35106534											
	Henderson	NV	89012-3494	Amount of Each Receipt this Perio											
	FEC ID number of contributing	0										1			
	federal political committee.	С			<u></u>		7			500	.00	4			
	Name of Employer	Occupation	1	_											
	Clinical Neurology Specialists	Neurologist													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	00 0													
	Other (specify)		, 500.00												
	Full Name (Last, First, Middle Initial)														
C.	Dr. Stuart J. Goodman				Date	of F	Receipt								
	Mailing Address 9325 Crimson Leaf Terrace				M	M	/ D	D /	Y	Y Y	Y				
	<u>City</u>	Ctoto	Zin Codo		08			06		2012					
	City Potomac	State MD	Zip Code 20854-5490					D : 35106		Deviced					
				\neg	Amou	nt o	r Each	Receipt	this	Period		4			
	FEC ID number of contributing federal political committee.	С			L.		7			365	5.00	l			
	Name of Employer	Occupation													
	SELF	Neurologis	t												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		365.00												
Г					_		_	_	_	_		1			
s	UBTOTAL of Receipts This Page (optional)			•						1230	.00				
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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22

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Δr	y information copied from such Reports and Sta	atements mo	w not be sold or	used by any pr		13 for the		14	15 soliciting		16 tributi		7	
or	for commercial purposes, other than using the	name and a	ddress of any pol	itical committee	to so	licit co	ntrib	outions f	from such	h con	nmitte	e.		
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big)$	American Academy of Neurology	/ BrainP	AC											
Α.	Full Name (Last, First, Middle Initial) Dr. David C. Squillacote					Date of	f Re	eceipt						
	Mailing Address 1 Spruce PI					м м 08	1	06) / Y	20	12	Y		
	City Clan Back	State NJ	Zip Code 07452-2000						3510654					
	Glen Rock	NJ	07452-2000		- 1	Amount	t of	Each R	leceipt th	iis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					_	7			250.	00	I,	
	Name of Employer	Occupation												
	Self	Neurologist												
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify)		7 7	250.00										
В.	Full Name (Last, First, Middle Initial) Dr. Nilay R. Shah					Date of	f Re	eceipt						
	Mailing Address 160 W 66th St Apt 22J			M = M / D = D / Y = Y = Y Y 08 06 2012										
	City	State	Zip Code	Transaction ID : 35111840										
	New York	NY	10023-6558		- :	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						7		1	1000.	00	1	
	Name of Employer Self	Occupation Physician												
	Receipt For:		Year-to-Date ▼		_									
	Primary General	Aygreyale												
	Other (specify) v	L	y y	1000.00										
c.	Full Name (Last, First, Middle Initial) Dr. Scott L. Selco					Date of	f Re	eceipt						
	Mailing Address 4616 W Sahara Ave #335					м м 08	1	07) / Y	201		Y		
	City	State	Zip Code			Trans	act	ion ID :	3511185	53				
	Las Vegas	NV	89102			Amount	t of	Each R	Receipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	С						7		_	1000.	00		
	Name of Employer	Occupation												
	Self	Neurologist												
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify) ▼		7 7	1000.00										
s	UBTOTAL of Receipts This Page (optional)			•••••••	•			7		2	2250.0	00]	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	2	× 11			11b	11c		12						
۸n	y information copied from such Reports and	Statemonto m	w not be sold or used by any or		13			14	15 soliciting		16 ntribu	tions	17				
or	for commercial purposes, other than using the	ne name and a	address of any political committee	to s	olicit	co	ntrib	puse of outions f	rom such		mmitt	ee.					
\setminus	NAME OF COMMITTEE (In Full)																
	American Academy of Neurolo	gy BrainP	AC														
A.	Full Name (Last, First, Middle Initial) Dr. David T. Greco				Dat	e o	f Re	eceipt									
	Mailing Address 17 West Ridge Road			08 / D D / Y Y Y Y Y 007 2012													
	City	State	Zip Code		Tr	ans	sact	ion ID :	3511230								
	New Fairfield	СТ	06812-4904	Amo	oun	t of	Each R	eceipt th	is P	'eriod							
	FEC ID number of contributing federal political committee.	С		1000.00													
	Name of Employer	Occupation	1														
	Associated Neurologists, LP	Neurologist	t														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		1000.00														
в.	Full Name (Last, First, Middle Initial) Dr. Erich W. Garland							Date of Receipt									
	Mailing Address 3920 Washington Pkwy						M M / D D / Y										
	City	State	Zip Code				acti		3511232								
	Idaho Falls	ID	83404-7596	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			500.00												
	Name of Employer	Occupation	1	_													
	Idaho Falls Neurology	Physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General	33 - 3															
	Other (specify)		1000.00														
с.	Full Name (Last, First, Middle Initial) Dr. Christopher Prusinski				Dat	e o	f Re	eceipt									
	Mailing Address 119 Lansing Island					м 28	/	08	/ Y)12	Y					
	City	State	Zip Code		Tr	ans	sact	ion ID :	3511734								
	Indian Harbour Beach	FL	32937		Amo	oun	t of	Each R	eceipt th	is P	'eriod						
	FEC ID number of contributing federal political committee.	С						л. I.			1000	.00					
	Name of Employer	Occupation	1														
	Self	Physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General																
	Other (specify)		1000.00														
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC						
Full Name (Last, First, Middle Initial) A. Dr. Richard D. Brower Mailing Address 712 Twin Hills Drive City El Paso FEC ID number of contributing federal political committee. Name of Employer Texas Tech University HSC Dept. of Neu Receipt For: Primary General Other (specify)	State TX C Occupation Physician Aggregate	Zip Code 79912 Year-to-Date ▼ 500.00	Date of Receipt					
Full Name (Last, First, Middle Initial) B. Dr. Eugene May Mailing Address 1919 Fairmount Ave SW	me (Last, First, Middle Initial) ugene May							
City Seattle FEC ID number of contributing federal political committee.	State WA	Zip Code 98126-2075	08 10 2012 Transaction ID : 35118285 Amount of Each Receipt this Period 500.00					
Name of Employer Seattle Radiologists Receipt For: Primary General Other (specify)	Occupation Neuro-opth Aggregate]					
Full Name (Last, First, Middle Initial) C. Dr. James F. Selwa Mailing Address 2044 Valleyview Drive City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Wayne State Univ. Receipt For:	State MI C Occupatior Physician Aggregate	Zip Code 48105	Date of Receipt					
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		500.00	1500.00					

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC	
A. Full Name (Last, First, Middle Initial) Mailing Address 2121 Jamieson Ave. Unit 5	05	Date of Receipt	
 Alexandria	State VA	Zip Code 22314-5709	08 15 2012 Transaction ID : 35130568 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer VA Medical Center Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	
Other (specify)		500.00]
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane	Date of Receipt		
City Twinsburg	State OH	Zip Code 44087	Transaction ID : 35131778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer Children's Hospital and Med. Center of	Occupatior Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1450.00]
Full Name (Last, First, Middle Initial) C. Dr. William S. Gilmer			Date of Receipt
Mailing Address 2323 Dunstan Rd			M = M / D = D / Y = Y = Y 08 15 2012
City Houston	State TX	Zip Code 77005-2613	Transaction ID : 35131928 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Self	Occupation Neurologis		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]
SUBTOTAL of Receipts This Page (optional)			985.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Fig. 1 manual mathematication of the committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fig. Middle Initial) American Academy of Neurology BrainPAC A. Dr. Joseph S. Kass Date of Receipt Mailing Address One Baylor Plaza NB-302 Date of Receipt City State Zip Code Hourson (Last, First, Middle Initial) Date of Receipt FEC ID number of contributing federal political committee. Occupation Baylor Callege of Medicine Physician Receipt For: Occupation Pail Name (Last, First, Middle Initial) Date of Receipt B. Dr. Steven L Lew/s Date of Receipt Mailing Address (125 W Harrison St Ste 1106 Transaction ID: 35132076 Chicago L 60612:3845 FEC ID number of contributing federal political committee. Occupation Receipt For: Orgoggialta Year-to-Date ▼ Occupation Receipt For: Occupation Physician Receipt For: Occupation Physician Receipt For: Occupation Physician	•••			Detailed Summary Page		_	11a	Щ	11b	11c		12				
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF COMMITTEE (in Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A, Dr. Joseph S, Kass Mailing Address One Baylor Plaza NB-302 City Houston TX FEC ID number of contributing federal political committee. Perform Baylor College of Medicine Primary General Other (specify) ▼ State Zip Code Mailing Address 1725 W Harrison St Ste 1106 City State City State City State City State City State City Mailing Address 1725 W Harrison St Ste 1106 City City Mailing Address 10 E Publick Receipt For: Primary General Other (specify) ▼ City Comport Receipt For: Primary	Δ	ny information copied from such Reports and St	atements ma	av not be sold or used by any pe	erson			DUrr	14	15 soliciting		16 ntribu	tions	17		
American Academy of Neurology BrainPAC Arerican Academy of Neurology BrainPAC A. Dr. Joseph S. Kass Maing Address One Baylor Plaza NB-302 City State Zp Code Houston TX 7733 FEC ID number of contributing federal political committee. Occupation Pault Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Dr. Steven L. Lewis Date of Receipt Maing Address 1725 W Harrison St Ste 1106 City City State Zp Code Ching College of Medicine Physician Receipt For: General General Other (specify) ▼ State Zp Code City State Zp Code City State Zp Code City State Zp Code City Maing Address 1725 W Harrison St Ste 1106 Transaction ID 35132076 City Other (specify) ▼ Aggregate Year-to-Date ▼ Physician Physician Boto of Receipt Receipt For: Physician Boto of Receipt Pati Name (Last, First, Middle Initial) Date of Receipt Transaction ID 35132	or	for commercial purposes, other than using the	name and a	ddress of any political committee	to s	solic	cit cor	ntrib	utions fr	om such	h co	mmitt	ee.			
✓ Full Name (Last, First, Middle Initial) A. Dr. Joseph S, Kass Date of Receipt Mailing Address: One Baylor Plaza NB-302 Tx City State Zip Code Houston TX 77030 FEC ID number of contributing federal political committee. C Anount of Each Receipt this Period B Dr. Steven L. Lewis Aggregate Year-to-Date ▼ 0 Mailing Address: 1725 W Harrison St Ste 1106 C 0 City State Zip Code Mailing Address: 1725 W Harrison St Ste 1106 0 0 City State Zip Code Anount of Each Receipt Mis Period Receipt For: Occupation Aggregate Year-to-Date ▼ 0 B Dr. Steven L. Lewis Date of Receipt 0 0 Mailing Address: 1725 W Harrison St Ste 1106 C 0 15 2012 City State Zip Code 0 10 0012 Primary General Occupation 0 15 2012 Transaction ID: 35132076 Anount of Each Receipt Mis Period 0 100.00 FeLi Name (Last, First, Midd	$\left[\right]$															
A. Dr. Joseph S. Kass Date of Receipt Mailing Address: One Baylor Plaza NB-302 Transaction D: \$5132647 City State Zip Code Field Name C Transaction D: \$5132647 Anount of Each Receipt His Period So.00 Feed ID number of contributing federal political committee. Occupation Phinary General Other (specify) ▼ B. Dr. Steven L. Lewis Both of Receipt His Period City State Zip Code Pichago IL 60612/3845 FEC ID number of contributing federal political committee. Occupation Receipt For: Occupation Phinary General Occupation Phinary General Occupation Phinary General Occupation Phinary General Occupation Mailing Address 610 E Palisade Ave Nu Oris / 2	\backslash	American Academy of Neurolog	y BrainP	AC												
Mailing Address: One Baylor Plaza NB-302 0 15 2012 City State Zip Code Transaction ID: 3513287 Houston TX 77030 Anount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Anount of Each Receipt this Period Baylor College of Medicine Receipt For: Occupation Physician B Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 0 15 2012 City State Zip Code Transaction ID: 35132076 Anount of Each Receipt For Mailing Address 1725 W Harrison St Ste 1106 0 15 2012 Transaction ID: 35132076 Chicago IL 60612:3845 FG: ID number of contributing federal political committee. C 100.00 Name of Employer Rush Unik, Mcd. Ctr. Physician Aggregate Year-to-Date ▼ 0 15 2012 Transaction ID: 35132076 Aggregate Year-to-Date ▼ 0 15 2012 Transaction ID: 35132076 Receipt For: Physician Aggregate Year-to-Date ▼ 0 16 15 2012 16 15 <td< th=""><th>Δ</th><th></th><th></th><th></th><th></th><th>D</th><th>ate of</th><th>Re</th><th>ceint</th><th></th><th></th><th></th><th></th><th></th></td<>	Δ					D	ate of	Re	ceint							
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NAME OF COMMITTEE (In Full)										
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Full Name (Last, First, Middle Initial) A. Dr. Daniel C. Potts				Date of	Ro	noint				
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FEC Schedule A (Form 3X) Rev. 02/2003

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				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC	
Α.	Mailing Address 9235 NW 26th Avenue City Gainesville FEC ID number of contributing federal political committee. Name of Employer Univ. of FL Dept. of Neurology Receipt For: Primary General	State FL C Occupation Behavioral Aggregate	Neurology Year-to-Date ▼	Date of Receipt
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Mailing Address PO Box 603253		672.00	Date of Receipt
	City Providence FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State RI C Occupation Physician Aggregate	Zip Code 02906	08 17 2012 Transaction ID : 35149060 Amount of Each Receipt this Period 250.00
 C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas G. Hoffman		1000.00	Date of Receipt
	Mailing Address 439 Riverview Lane City Melbourne Beach FEC ID number of contributing federal political committee. Name of Employer Osler Medical	State FL C Occupation Neurologist		M M M P
s	Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		Year-to-Date ▼ 365.00	699.00

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NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. Steven Schadendorf Mailing Address 400 Taylor Blvd #301 City Pleasant Hill FEC ID number of contributing federal political committee.	State CA	Zip Code 94523	Date of Receipt 08 23 2012 Transaction ID : 35176613 Amount of Each Receipt this Period 1000.00
Name of Employer Neurology Medical Group of Diablo Vall Receipt For: Primary General Other (specify)	Occupation Neurologist Aggregate]
Full Name (Last, First, Middle Initial) B. Dr. Eroboghene E. Ubogu Mailing Address 12009 Opal Creek Dr City Pearland	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	77584-1648	Amount of Each Receipt this Period
Baylor College of Med. Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 500.00]
C. Dr. Nassim Zecavati Mailing Address 1920 N Dinwiddie St			Date of Receipt
City Arlington	State VA	Zip Code 22207	08 24 2012 Transaction ID : 35179726 Amount of Each Receipt this Period
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Georgetown University Receipt For: Primary General Other (specify)	Neurologist]
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NAME OF COMMITTEE (In Full) American Academy of Neurology B	rainPAC	
St. Louis M FEC ID number of contributing federal political committee. C Name of Employer Occ SSM Receipt For: Neu	tate Zip Code AO 63104-2412 cupation urologist gregate Year-to-Date ▼ 350.00	Date of Receipt
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Puyallup Image: Constributing federal political committee. Name of Employer Occonstruction Self Phy	tate Zip Code WA 98372-2454 Cupation r/sician gregate Year-to-Date ▼ 500.00	Date of Receipt
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Cambridge Medical Cente	er Neurologist						
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B. Dr. Gregory L. Barl	,		Date of	f Receipt			
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Henry Ford Hospital	Neurologist						
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Full Name (Last, First, M C. Dr. Madeleine Ge			Date of	f Receipt			
Mailing Address 1803 E	Westminster Ln		M M M	/ D D 28	/ Y	y y 2012	Y
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Spokane	WA	99223-8406	Amoun	t of Each R	eceipt this	3 Period	
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NAME OF COMMITTEE (In Full) American Academy of Neu	rology BrainP	AC							
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus Mailing Address 4008 Muskogee Avenu City Des Moines FEC ID number of contributing federal political committee. Name of Employer Iowa Health Physicians Receipt For: Primary General Other (specify) ▼	State IA C Occupation Neurologist				/ sact	28 ion ID :	2 / Y 2 3518067 Receipt th	his Period	d 0.00
Full Name (Last, First, Middle Initial) Dr. Jerome Lisk Mailing Address 65 N Madison Ave Ste	410		[Date o	f Re	eceipt	D / Y	2012	Y
City Pasadena FEC ID number of contributing federal political committee. Name of Employer Southern California Mvmnt Dis Receipt For: □ Primary □ General Other (specify) ▼	State CA C Occupation Neurologist Aggregate					ion ID :	3518068 Receipt th	30 his Period	d 0.00
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 WI C Occupation Physician Aggregate	Zip Code 54601-4145 Year-to-Date ▼ 360.00			/ sact	28 ion ID		his Period	d 5.00
SUBTOTAL of Receipts This Page (optio	nal)					7		245	5.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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22

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainPA	С	
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd City Union FEC ID number of contributing federal political committee. Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify) ▼	State ME C Occupation Physician Aggregate Ye	Zip Code 04862-4628 ear-to-Date ▼ 800.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Sarah Song Mailing Address 1717 Purdue Ave Apt 4 City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Georgetown University Hospital Receipt For: Primary General Other (specify) ▼	State CA C Occupation Neurologist Aggregate Ye	Zip Code 90025-6726 ear-to-Date ▼ 300.00	Date of Receipt 08 28 2012 Transaction ID : 35180691 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Mailing Address Mailing Address Suite 210 City Bellingham FEC ID number of contributing federal political committee. Name of Employer Northwest Neurology Receipt For: Primary General Other (specify)	State WA C Occupation Physician Aggregate Ye	Zip Code 98229-2574 ear-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 (optiona)	•••••	250.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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22

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Sara G. Austin Mailing Address 3006 Loveland Cove City Austin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State TX C Occupation Neurologist Aggregate		Date of Receipt
В.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
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\mathbb{N}	NAME OF COMMITTEE (In Full)		_															
	American Academy of Neurology E	BrainPA	С															
Α.	Full Name (Last, First, Middle Initial)						Date of Disbursement											
	Mailing Address 426 C Street, NE						08	/	D (01)12	Y				
	City Washington	State DC	Zip Code 20002				Transaction ID : 35099878											
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В.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress Mailing Address P.O. Box 2232						Date 0	Λ /	D)12	Y				
	City Jenkintown	State PA	Zip Code 19046				Transaction ID : 35099879											
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	Office Sought: House Disburser Senate President State: PA District: 13	ment For: Primary Other (spe	X General				Campaign Contribution											
c.	Full Name (Last, First, Middle Initial) Pallone For Congress						Date	_										
	Mailing Address PO Box 3176						08	/	D	01)12)	Y				
	Long Branch	State NJ	Zip Code 07740				Tran	sact	ion IE) :	350998	80						
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	y information copied from such Reports and Stat for commercial purposes, other than using the n																	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
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	Mailing Address PO Box 900427						0		C	D / D1		2012	Y					
	City Sandy	State UT	Zip Code 84090				Tra	Transaction ID : 35099885										
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	Candidate Name Sen. Orrin Grant Hatch			Cat								500	0.00					
		ement For: Primary Other (sp	X General	1	ÿpe	<u>}</u>	Campaign Contribution											
в.	Full Name (Last, First, Middle Initial) Whitehouse For Senate						Date		isburse	ement	Y	Y Y	Y					
	Mailing Address P.O. Box 40280								08 01 2012									
	City Providence	State RI	Zip Code 02940				Transaction ID : 35100185											
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	Sen. Sheldon Whitehouse			Cat T	ego ype			100	0.00									
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c.	Full Name (Last, First, Middle Initial) Pingree For Congress						Date	of D	isburs									
	Mailing Address PO Box 17613						0	м В		D / D1		2012	Y					
	City Portland	State ME	Zip Code 04112				Tra	nsac	tion IE	0 : 3510	0466							
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	Candidate Name Rep. Chellie M. Pingree			Cat T	ego ype							100	0.00					
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SCHEDULE B (FEC Form 3X)		FC	DR L	INE N	UMBER	:			PA	GE	22 (OF 22			
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NAME OF COMMITTEE (In Full)															
American Academy of Neurology E	BrainPAC														
Full Name (Last, First, Middle Initial)					Data	4 D:			4						
A. Fleming For Congress					Date o	_			ent		Y				
Mailing Address P.O. Box 1236					08	<i>'</i>	0	01	Í		012	Ť			
5	State Zip Code LA 71058		Transaction ID : 35100504												
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Rep. John C. Fleming MD Office Sought: V House Disburse	ment For: 2012	Ту	/pe		<u> </u>		7		7						
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