Image# 14960545670 PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT \	=/10	mple: If typir r the lines.	ig, type	12FE4M5	
, American Academ	y of Neurology Bra	ainPAC				
ADDRESS (number and stre	et) 401 C St NE					
Check if different						
than previously reported. (ACC)	Washington				DC	20002
2. FEC IDENTIFICATIO	N NUMBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲
C C00435933		3. IS THIS REPORT		IEW N) OR	AN (A)	MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Juo Giii	Mar 20 (M3)		lun 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Rep	ort (Q1) (c) 12-Day	Apr 20 (M4)		lul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Rep	ort (Q2)		Primary (12P Convention (-	General Special (
October 15 Quarterly Rep		ioi tiic.	Convention	120)	Opeciai (120)
January 31 Year-End Rep		Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Y Report (Non-e Year Only) (M	election Y) POST-F	Election for the:	General (30G	i)	Runoff (3	Special (30S)
Termination R (TER)	eport	Election on	M M /	D D /	Y	in the State of
5. Covering Period	02 01	2014	through	02 02	28	2014
I certify that I have examin	ed this Report and to th	e best of my kno	wledge and b	elief it is tru	e, correct an	d complete.
Type or Print Name of Trea	asurer Mr. Timothy J. Er	ngel				
Signature of Treasurer	Mr. Timothy J. Engel		[Electronically	Filed] D	ate 03	20 / 2014
NOTE: Submission of false,	erroneous, or incomplete	information may su	bject the pers	son signing th	is Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Or Type Committee Name

Write or Type Committee Name American Academy of Neurology BrainPAC 02 01 2014 02 28 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 116279.00 January 1, 2014 (b) Cash on Hand at 91776.00 Beginning of Reporting Period..... 48675.34 21409.34 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 113185.34 164954.34 6(a) and 6(c) for Column B)..... 21500.00 73269.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 91685.34 91685.34 (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

tributions (other than loans) From: Individuals/Persons Other		Calendar Year-to-Date
Individuals/Persons Other		
Than Political Committees	10702.00	27812.00
(i) Itemized (use Schedule A)	10782.00	27812.00
(ii) Unitemized	7127.34	17363.34
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	17909.34	45175.34
Political Party Committees	0.00	0.00
Other Political Committees		
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	17909.34	45175.34
sfers From Affiliated/Other		
y Committees	0.00	0.00
oans Received	0.00	0.00
Pengumenta Pengiyad	0.00	0.00
· ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	
	3500.00	3500.00
dends, Interest, etc.)	0.00	0.00
sfers from Non-Federal and Levin Funds		
Non-Federal Account		
(from Schedule H3)	0.00	0.00
ovin Funda (from Cahadula HE)	0.00	0.00
Levin Funds (Irom Schedule H5)	7	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	(iii) Unitemized	(ii) Unitemized (use Schedule N)

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 Activity (from Schedule H4)		Calcinati Tour to buto		
	(i) Federal Share	0.00	0.00		
	···	0.00	0.00		
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
	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 Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	21500.00	73000.00		
	Independent Expenditures				
	(use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	269.00		
	(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	269.00		
	Other Disbursements	0.00	0.00		
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share(b) Foderal Floation Activity Raid Entirely	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		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21500.00	73269.00		
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	21500.00	73269.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17909.34	45175.34
4. Total Contribution Refunds (from Line 28(d))	0.00	269.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17909.34	44906.34
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
8. 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:					PAGE	6	OF	16	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	3	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Neil R. Holland		Date of Receipt
Mailing Address 107 Monmouth Rd Ste 110		02 02 2014
City	State Zip Code	Transaction ID : 36847847
West Long Branch	NJ 07764-1021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Neurology Specialists of Monmouth Coun	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael W. Morse		Date of Receipt
Mailing Address 2008 N Bridgeton Ct		02 05 2014
City	State Zip Code	Transaction ID: 36851463
Fayetteville	AR 72701-2992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Neurological Associates	Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Edgar J. Kenton III		Date of Receipt
Mailing Address 100 N Academy Ave		02 08 _ 2014 _
City	State Zip Code	Transaction ID : 36859995
Danville	PA 17822-9800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Geisinger Health system	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2250.00
TOTAL This Period (last page this line number	only)	

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

FO	R LINE NUMBER:				PAGE	7	OF	16
(check only one)								
>	1 1a		11b		11c	12		
	13		14		15	16	;	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Orly Avitzur Mailing Address 815 Old Sleepy Hollow Rd E	xtension	Date of Receipt 02 08 2014
City Briarcliff	State Zip Code NY 10510-2543	Transaction ID : 36860001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael E. Markowski Mailing Address 47 Redwood Circle		Date of Receipt 02 02 2014
City Mashpee FEC ID number of contributing federal political committee.	State Zip Code MA 02649-2041	Transaction ID : 36861474 Amount of Each Receipt this Period 250.00
Name of Employer Tri-State Mountain Neurology Associate Receipt For: Primary General	Occupation Neurologist Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Komal Hargorind Ashraf	250.00	Date of Receipt
Mailing Address 42849 Northville Place Dr. Apt. 1205 City Northville	State Zip Code MI 48167-2916	02 02 2014 Transaction ID : 36861475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Henry Ford Hospital Receipt For: Primary General Other (specify) ▼	Occupation Resident Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	1050.00
TOTAL This Period (last page this line numbe	r only)	

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

ı	FOR LINE	NUMBER	: PAGE	8 OF	16
	(check only	one)			
	X 11a	11b	11c	12	
	13	14	15	16	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Neurolog	gy BrainPAC	
/		
Full Name (Last, First, Middle Initial) 1. Dr. Korwyn Williams		Date of Receipt
Mailing Address 1919 E Thomas Rd		M M / D D / Y Y Y Y
Dept of Neurology		02 02 2014
City	State Zip Code	Transaction ID : 36861476
Phoenix	AZ 85016-7710	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
Phoenix Children's Hospital	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogalo rodi to Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. James N. Goldenberg		Date of Receipt
Mailing Address 610 N Lakeside Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	02 02 2014 Transaction ID : 2004477
Lake Worth	FL 33460-3121	Transaction ID : 36861477
	· = 35400-3121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
MSPB Neurology	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler		Data of Passint
		Date of Receipt
Mailing Address 58 Morton Street		02 11 Y = Y = Y = Y = Y = Y = Y = Y = Y =
City	State Zip Code	Transaction ID: 36861482
Needham Heights	MA 02494-1204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
BUMC Dept. of Neurology	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00
	<u> </u>	
TOTAL This Period (last page this line number	only)	

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

F	ЭR	LINE	NU	MBER	:	PAGE	9	OF	16
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Neuro	logy BrainPAC	
Full Name (Last, First, Middle Initial) 1. Dr. Bruce M. Cotugno		Date of Receipt
Mailing Address 104 Springbrooke Dr		02 14 2014
City	State Zip Code	Transaction ID: 36866926
Venetia	PA 15367-1054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Adult Neurology Center	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Joan Puglia	•	Date of Receipt
Mailing Address 1 Windy Ridge Lane		02 14 _ 2014 _
City	State Zip Code	Transaction ID : 36867801
New Milford	CT 06776-3955	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		350.00
Name of Employer	Occupation	1
Self - Northwest Hills Neurology, P.C.	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C. Dr. Bruce H. Cohen		Date of Receipt
Mailing Address 3141 Neille Lane		02 15 2014
City	State Zip Code	Transaction ID : 36869525
Twinsburg	OH 44087-3808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.00
Name of Employer	Occupation	-
Children's Hospital and Med. Center of	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	370.00	
SUBTOTAL of Receipts This Page (optional))	1035.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 10 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 2014 City State Zip Code Transaction ID: 36869530 Chicago IL 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 167.00 federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 334.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 02 2014 15 City State Zip Code Transaction ID: 36869532 NJ Tenafly 07670-1118 Amount of Each Receipt this Period FEC ID number of contributing 415.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St 02 15 2014 City Zip Code State Transaction ID: 36869533 WA Mercer Island 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 415.00 С federal political committee. Name of Employer Occupation Physician Swedish Neurosci. Institute, Swedish H Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) 997.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

-	OH	LINE	NU	MRFK	:	PAGE	• '	11	OF	10
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American Academy of Neurole	ogy BrainPAC					
Full Name (Last, First, Middle Initial) Dr. John C. Morris Mailing Address 750 South Hanley Rd, Unit						
City Clayton	State Zip Code MO 63105-2695	02 14 2014 Transaction ID : 36890772				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00				
Name of Employer Washington University School of Medici Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) B. Dr. Jorge T. Gonzalez Mailing Address 1280 Dow Dr		Date of Receipt				
City Alpena FEC ID number of contributing federal political committee.	State Zip Code MI 49707-1206	02 01 2014 Transaction ID : 36895582 Amount of Each Receipt this Period 400.00				
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Neurologist Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) C. Dr. Jack W. Tsao Mailing Address 9211 Bardon Rd City Bethesda	State Zip Code MD 20814-2858	Date of Receipt 02 01 2014 Transaction ID : 36895583 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer Department of Defense Receipt For: Primary General Other (specify)	Occupation Neurologist Aggregate Year-to-Date ▼ 400.00	400.00				
SUBTOTAL of Receipts This Page (optional).		1300.00				

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

12 OF

16

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	or	11b 14	11c	12 16	17
ny information copied from such Reports and Statements ma	, , , , , , , , , , , , , , , , , , , ,					_		

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 2014 City Zip Code State Transaction ID: 36898053 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Erik Perkins Date of Receipt Mailing Address 11660 Cypress Canyon Road 02 24 2014 City State Zip Code Transaction ID: 36898442 CA San Diego 92131-3756 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 federal political committee. Name of Employer Occupation Sharp-Rees-Stealy Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Nassim Zecavati Date of Receipt Mailing Address 1920 N Dinwiddie St 2014 02 17 City Zip Code State Transaction ID: 36997838 Arlington VA 22207-1930 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Georgetown University Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 1650.00 SUBTOTAL of Receipts This Page (optional)..... 10782.00 TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 16						
	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
11	LIVIIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12						
_				13 14 15 X 16 17						
Ar or	ly information copied from such Reports and Stor commercial purposes, other than using the	Statements m e name and a	ay not be sold or used by any paddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	American Academy of Neurolog	gy BrainP	PAC							
Α.	Full Name (Last, First, Middle Initial) Matheson For Congress			Date of Receipt						
	Mailing Address P O Box 521048			02 25 2014						
	City	State	Zip Code	Transaction ID : 36904886						
	Salt Lake City	UT	84152	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0344721	3500.00						
	Name of Employer	Occupation	n							
	Receipt For: 2014	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		3500.00	Refund of Contributions on 4/23/13 & 7/23/13						
— В.	Full Name (Last, First, Middle Initial)	Date of Receipt								
	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Fact Provided to Daily						
				Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, , , , , , , , , , , , , , , , , , ,							
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt						
٠.	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C								
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	· · · ·		1						
	Other (specify) ▼		7 7 7	I I						
<u></u>	IIPTOTAL of Possints This Poss (anticare)			3500.00						
\vdash	UBTOTAL of Receipts This Page (optional)									
۱.	OTAL This Pariod (last page this line number	only)		3500.00						

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

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF 16					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	y one)				
	Detailed Summary Page	21b	22 🗙 23 24 25	26			
Г		27	28a 28b 28c 29	30b			
Any information copied from such Reports and State 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)							
A. Guthrie For Congress			Date of Disbursement	Y			
Mailing Address PO Box 9639			02 04 2014				
City	State Zip Code		Transaction ID: 36850200				
Bowling Green Purpose of Disbursement	KY 42102						
Campaign Contribution		011	Amount of Each Disbursement this F	Period			
Candidate Name		Category/	2000	00			
Rep. S. Brett Guthrie	ment For 2011	Type	2000				
Senate President	ement For: 2014 Primary General Other (specify) ▼		Campaign Contribution				
State: KY District: 02							
Full Name (Last, First, Middle Initial)			Data of Dishara and				
B. Upton For All Of Us		Date of Disbursement	Υ				
Mailing Address P.O. Box 490			02 04 2014				
City St. Joseph	State Zip Code MI 49085		Transaction ID: 36850202				
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this F	Period			
Candidate Name		Category/	0500				
Rep. Frederick Stephen Upton		Type	2500	0.00			
	Primary General Other (specify)		Campaign Contribution				
Full Name (Last, First, Middle Initial)							
c. Gene Green Congressional Camp	Gene Green Congressional Campaign						
Mailing Address PO Box 16128	Mailing Address PO Box 16128						
City Houston	State Zip Code TX 77222		Transaction ID: 36850203				
Purpose of Disbursement Campaign Contribution	011	Amount of Each Disbursement this F	Pariod				
Candidate Name	Category/	Amount of Each dispulsement this P	enou				
Rep. Gene Green		Type	1000	.00			
Office Sought: House Disburse	ement For: 2014 Primary General Other (specify)		Campaign Contribution				
State: TX District: 29							
SUBTOTAL of Disbursements This Page (optional)		······	5500.	.00			
TOTAL This Period (last page this line number only	/)						

SCHEDULE B (FEC Form 3X)	Han anniette i I I I I I	FOR LINE NUMBER: PAGE 15 OF 16					
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 📉 26				
Any information copied from such Reports and Staten	nents may not be sold or u	sed by any perso					
or for commercial purposes, other than using the nam	ne and address of any polit	ical committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Academy of Neurology B	BrainPAC						
Full Name (Last, First, Middle Initial)			5. (5.)				
Levin For Congress		Date of Disbursement					
Mailing Address PO Box 37			02 04 2014				
,	State Zip Code		Transaction ID : 36850205				
Roseville	MI 48066						
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	2500.00				
Rep. Sandy M. Levin		Type	2500.00				
Senate President	nent For: 2014 Primary General Other (specify)		Campaign Contribution				
State: MI District: 09							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Bluegrass Committee	Bluegrass Committee						
Mailing Address 1941 Bishop Lane #200							
Louisville	State Zip Code KY 40218		Transaction ID: 36850208				
Purpose of Disbursement Leadership PAC Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	2500.00				
Bluegrass Committee		Type	2500.00				
	nent For: Primary General Other (specify)		Leadership PAC Contribution				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Kevin Mccarthy For Congress		M M / D D / Y Y Y Y					
Mailing Address PO Box 12667			02 04 2014				
,	State Zip Code		Transaction ID : 36850211				
	CA 93389		Hansachon ID: 30000ZTT				
Purpose of Disbursement Campagn Contribution		011	Amount of Each Disbursement this Period				
Candidate Name	Category/	5000.00					
Rep. Kevin McCarthy		Type	5000.00				
Senate President	nent For: 2014 Primary General Other (specify)		Campagn Contribution				
State: CA District: 23							
SUBTOTAL of Disbursements This Page (optional)			10000.00				
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 16 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial)			
A. Michael Burgess For Congress			Date of Disbursement
Mailing Address PO Box 2334			02 11 2014
City	State Zip Code		Transaction ID : 36861334
Denton	TX 76202		11alisaction ID . 30001334
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Michael C. Burgess M.D.		Туре	2300.00
Office Sought: House Disburser Senate President	nent For: 2014 Primary		Campaign Contribution
State: TX District: 26			
Full Name (Last, First, Middle Initial)			Data of Bishows and
B. Brady For Congress			Date of Disbursement
Mailing Address PO Box 8277			02 11 2014
The Woodlands	State Zip Code TX 77387		Transaction ID: 36861335
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Kevin Patrick Brady		Type	2500.00
	nent For: 2014 Primary		Campaign Contribution
Full Name (Last, First, Middle Initial)			
C. Texans For Senator John Cornyn I	nc		Date of Disbursement
Mailing Address PO Box 13026			02 27 2014
City S Austin	State Zip Code TX 78711		Transaction ID: 36905459
Purpose of Disbursement Campaign Contribution	70711		
Candidate Name		011	Amount of Each Disbursement this Period
Sen. John Cornyn		Category/ Type	1000.00
	ment For: 2014	- 7 -	
Senate President State: TX District:	Primary General Other (specify) ▼		Campaign Contribution
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	6000.00
TOTAL This Period (last page this line number only)			21500.00