Image# 14941316671 PAGE 1 / 30

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		miorized Committe			Office Use Only	
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5		
American Academy of N	leurology BrainPA	С			ı	
ADDRESS (number and street)	401 C St NE					
Check if different						
than previously reported. (ACC)	Washington	DC 20002				
2. FEC IDENTIFICATION NUM	IBER ▼ C	ITY 🛦	S	STATE 🛦	ZIP CODE ▲	
C C00435933	3.	IS THIS REPORT X (N	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2)	May 20 (M5)	Aug 2	20 (M8) Nov 20 (M11) (Non-Election Year Only)	
(a) Quarterly Reports:	M		un 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report (Q1)			ul 20 (M7)	General (20 (M10) Jan 31 (YE)	
July 15 Quarterly Report (Q2)	PRF-Election	Primary (12P) Convention (1		Special (1		
October 15 Quarterly Report (Q3)	•	Convention (Opoolai (1	.20)	
January 31 Year-End Report (YE)	Flori	tion on	D D /	Y Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30	OR) Special (30S)	
Termination Report (TER)	·	tion on	D	Y	in the State of	
5. Covering Period 05	01 2014		05	/ D D /	2014	
I certify that I have examined this	Report and to the best	of my knowledge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treasurer	Mr. Timothy J. Engel				· 	
Signature of Treasurer Mr. Time	oothy J. Engel	[Electronically	<i>Filed]</i> Da	ate 06	/ D D / Y Y Y Y Y Y 13 2014	
NOTE: Submission of false, erroneo	us, or incomplete informat	ion may subject the pers	on signing th	is Report to the	e penalties of 2 U.S.C. §437g.	
Office Use Only					FEC FORM 3X Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name American Academy of Neurology BrainPAC 05 01 2014 05 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 116379.00 January 1, 2014 (b) Cash on Hand at 116639.36 Beginning of Reporting Period..... 167259.70 24230.34 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 140869.70 283638.70 6(a) and 6(c) for Column B)..... 32500.00 175269.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 108369.70 108369.70 (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

temized	15248.34 6482.00 21730.34 0.00	111949.02 49310.68 161259.70 0.00
Political Committees nized (use Schedule A) Itemized	6482.00 21730.34 0.00	49310.68 161259.70 0.00
temized (use Schedule A) temized TAL (add es 11(a)(i) and (ii) I Party Committees Political Committees as PACs) contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)	6482.00 21730.34 0.00	49310.68 161259.70 0.00
Itemized TAL (add es 11(a)(i) and (ii) I Party Committees Political Committees as PACs) contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)	6482.00 21730.34 0.00	49310.68 161259.70 0.00
TAL (add es 11(a)(i) and (ii) I Party Committees Political Committees as PACs) contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)	21730.34	161259.70
I Party Committees Political Committees as PACs) contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)	0.00	0.00
Political Committees	0.00	0.00
Political Committees as PACs) contributions (add Lines b), (b), and (c)) (Carry to Line 33, page 5)		
Political Committees as PACs) contributions (add Lines b), (b), and (c)) (Carry to Line 33, page 5)	0.00	0.00
as PACs) contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)	0.00	0.00
contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)		
(i), (b), and (c)) (Carry to Line 33, page 5)		
	21730.34	161259.70
rom Affiliated/Other		
nittees	0.00	0.00
eceived	0.00	0.00
umanta Dessirad	0.00	0.00
	7	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
mmittees	2500.00	6000.00
ral Receipts		
Interest, etc.)	0.00	0.00
om Non-Federal and Levin Funds		
Schedule H3)	0.00	0.00
unds (from Schedule H5)	0.00	0.00
=		
ansfers (add 18(a) and 18(b))	0.00	0.00
	yments Received	yments Received

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		
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(c) Total Operating Expenditures	0.00	0.00		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
22.	Transfers to Affiliated/Other Party				
23.	Committees Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	32500.00	175000.00		
24.	Independent Expenditures (use Schedule E)	0.00	0.00		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	7 7	7 7		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
7	Lasas Mada	0.00	0.00		
27. 28.	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	269.00		
	(h) Political Party Committees	0.00	0.00		
	(b) Political Party Committees	0.00	5.55		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	269.00		
29.	Other Disbursements	0.00	0.00		
		7			
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		
14	Total Dishurasments (add Liver 24/2) 22				
3 1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32500.00	175269.00		
	,,,,,,,,,,	32300.00	173209.00		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	32500.00	175269.00		

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)	21730.34	161259.70		
4. Total Contribution Refunds (from Line 28(d))	0.00	269.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21730.34	160990.70		
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	BER: PAGE 6 OF 30			ER: PAGE 6 OF 30				
(check only one)									
X 11a	11b	11c	12	2					
13	14	15	16	3 1	7				

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	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurolo		
Full Name (Last, First, Middle Initial) Dr. Faisal M. Qazi		Date of Receipt
Mailing Address 1240 West Valencia Mesa D	Prive	05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code CA 92833-2221	Transaction ID: 37112938
Fullerton FEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Inland Neurologic Consultants	Neurologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. Dr. David K. Urion		Date of Receipt
Mailing Address 300 Longwood Ave		M = M / D = D / Y = Y = Y
Dept Neurology/Fegan 11 City	State Zip Code	05 01 2014 Transaction ID : 37113043
Boston	MA 02115-5724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Boston Childrens Hosp	Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Mill Etienne		Date of Receipt
Mailing Address 1 Carroll Drive		05 01 2014
City Suffern	State Zip Code NY 10901-3001	Transaction ID : 37113044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bon Secours Charity Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1575.00
TOTAL This Period (last page this line number	<u> </u>	

	FOR LINE	NUMBER	:	PAGE	7	OF
Use separate schedule(s) for each category of the	(check on	ly one)				
Detailed Summary Page	X 11a	11b		11c	12	
	13	14		15	16	

30

	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Neurology	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Milton O. Medeiros Jr. Mailing Address 181 Travis Circle		Date of Receipt
City	State Zip Code	05 01 2014 Transaction ID : 37113057
Frankfort	KY 40601-8999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ. of KY	Occupation	1
Univ. of KY Receipt For: Primary General Other (specify) ▼	Neurologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey L. Gross Mailing Address a Coach Lance		Date of Receipt
Mailing Address 9 Coach Lane	Chata 7'- C '	05 01 2014
City Westport	State Zip Code CT 06880-2108	Transaction ID : 37113060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Self	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. S H. Subramony		Date of Receipt
Mailing Address College of Medicine Dept of Neurology		05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gainesville	State Zip Code FL 32610-0001	Transaction ID : 37113064 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
University of Florida Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		1750.00
TOTAL This Period (last page this line number	er only)	

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

					PAGE	=	8	OF	30
(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 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 Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial) A. Dr. Daniel Kremens		Date of Receipt
Mailing Address 1322 Grenox Road		05 01 2014
City	State Zip Code	Transaction ID: 37113065
Wynnewood	PA 19096-2403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Jefferson Medical College	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Stanley Fahn		Date of Receipt
Mailing Address 155 Edgars Ln		05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 37113073
Hastings On Hudson	NY 10706-1107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Columbia Univ.	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Kathy L. Gardner		Date of Receipt
Mailing Address 4148 Windsor St		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 37113077
Pittsburgh	PA 15217-2663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Veterans Admin.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1750.00
TOTAL This Period (last page this line number	er only)	

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

FOI	R LINE	NU	IMBER	ER: PAGE 9 OF 30			30			
(check only one)										
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	the name and address of any political committee	
NAME OF COMMITTEE (In Full)	La mu Dusia DAC	
American Academy of Neuro	logy BrainPAC	
Full Name (Last, First, Middle Initial) A. Dr. Steven J. Holtz		Date of Receipt
Mailing Address 6970 Broadway Terrace		05 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 37114675
Oakland	CA 94611-1950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
John Muir Physical Ntwk	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Allison Brashear		Date of Receipt
Mailing Address 208 Hadley Ct		05 03 2014 _
City	State Zip Code	Transaction ID : 37114676
Winston Salem	NC 27106-4489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Wake Forest	,	
Receipt For:	Neurologist	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Milford	·	Date of Receipt
Mailing Address 11373 Rancho Villa Verde	Place	05 05 2014 _
City	State Zip Code	Transaction ID : 37114894
Las Vegas	NV 89138-1551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Silver State Neurology	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
	,	
SUBTOTAL of Receipts This Page (optional)	1175.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 10 OF 30 Use separate schedule(s) for each category of the Detailed Summary Page

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	and statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Neuro	Diogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Rada Petrinjac-Nenadic		Date of Receipt
Mailing Address 5160 White Cliff Dr		05 02 <u>2014</u>
City	State Zip Code	Transaction ID: 37125885
Memphis	TN 38117-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
James Wong PC	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Aaron E. Miller		Date of Receipt
Mailing Address 55 E 86th St Apt 7B		05 02 _2014 _
City	State Zip Code	Transaction ID : 37125893
New York	NY 10028-1059	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	1000.00
Name of Employer	Occupation	
Mount Sinai School of Medicine	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Karen Lynn Parko		Date of Receipt
Mailing Address 4150 Clement St 127 VAMC		05 02 2014
City	State Zip Code	Transaction ID : 37125897
San Francisco	CA 94121-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	+
VA	Neurologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (ontions	al)	2000.00
TOTAL This Period (last page this line num	nber only)	

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
_ common common, cogc		13		14		15		16		17
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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 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) Mr. Mike Amery Date of Receipt Mailing Address 20308 Trolley Crossing Ct. 02 2014 City Zip Code State Transaction ID: 37125899 MD 20886-5838 Montgomery Village Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Legislative Counsel, Federal Affairs American Academy of Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bennett L. Lavenstein Date of Receipt Mailing Address 4210 Rosemary St 05 2014 02 City State Zip Code Transaction ID: 37125904 Chevy Chase MD 20815-5218 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Childrens National Med Ctr Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Brian N. Kirschner Date of Receipt Mailing Address 29946 Mayfair Dr 2014 05 07 City State Zip Code Transaction ID: 37130974 MI Farmington 48331-2152 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Michigan Healthcare Professionals, P.C Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

2500.00

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

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

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Richard D. Brower Date of Receipt Mailing Address 801 Cincinnati Avenue 07 2014 City State Zip Code Transaction ID: 37130985 TX 79902-2433 El Paso Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Texas Tech University HSC Dept. of Neu Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Edgar J. Kenton III Date of Receipt Mailing Address 100 N Academy Ave 05 80 2014 City State Zip Code Transaction ID: 37130998 PA Danville 17822-9800 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Geisinger Health system Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jose Biller Date of Receipt Mailing Address 1917 W Fletcher St 09 2014 05 City State Zip Code Transaction ID: 37140872 IL Chicago 60657-2028 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Loyota University Med. Ctr Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 30 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. James C. Stevens Date of Receipt Mailing Address 12112 Aboite Center Rd 2014 City Zip Code State Transaction ID: 37142969 IN Fort Wayne 46814-9528 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Allied Physicians, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John W. Henson Date of Receipt Mailing Address 9420 SE 54th Street 05 15 2014 City State Zip Code Transaction ID: 37148173 Mercer Island WA 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Swedish Neuroscience Institute Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael R. Yochelson Date of Receipt Mailing Address 3919 Commander Drive 05 15 2014 City Zip Code State Transaction ID: 37148176 MD Hyattsville 20782-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician MedStar National Rehabilitation Hospit Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 233.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 2014 City Zip Code State Transaction ID: 37148177 OH Twinsburg 44087-3808 Amount of Each Receipt this Period FEC ID number of contributing 185.00 federal political committee. Name of Employer Occupation Children's Hospital and Med. Center of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David A. Evans Date of Receipt Mailing Address 715 Kessler Woods Trail 05 15 2014 City State Zip Code Transaction ID: 37148178 **Dallas** TX 75208-5610 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation **Texas Neurology** COO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd 05 15 2014 City Zip Code State Transaction ID: 37148179 TX Houston 77005-2613 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 370.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 2014 City State Zip Code Transaction ID: 37148180 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 835.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 05 15 2014 City State Zip Code Transaction ID: 37148181 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 2075.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory L. Barkley Date of Receipt Mailing Address 2890 Burlington St 2014 05 15 City State Zip Code Transaction ID: 37148183 MI Ann Arbor 48105-1435 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Henry Ford Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 682.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 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. Dario M. Zagar Date of Receipt Mailing Address 201 Fairmount Terrace 2014 City State Zip Code Transaction ID: 37148184 CT Fairfield 06825-1758 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Associated Neurologists of So. Ct. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase 05 19 2014 City State Zip Code Transaction ID: 37179438 ΑL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation AL Neurology and Sleep Medicine, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St 2014 05 19 City Zip Code State Transaction ID: 37182367 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 Swedish Neurosci. Institute, Swedish H Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2075.00 Other (specify) 565.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Amy E. Sanders Date of Receipt Mailing Address 4588 Cascades Drive 2014 City Zip Code State Transaction ID: 37190714 NY Manlius 13104-2369 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **Mmc Medical Center** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 05 23 2014 City State Zip Code Transaction ID: 37190715 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 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sarah Song Date of Receipt Mailing Address 2045 W. Concord Place, #405 2014 05 23 City State Zip Code Transaction ID: 37190716 IL Chicago 60647-5481 Amount of Each Receipt this Period FEC ID number of contributing 82.00 С federal political committee. Name of Employer Occupation Rush Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 432.00 Other (specify) 332.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Date of Receipt Mailing Address 4732 Lost Creek Lane 2014 23 City Zip Code State Transaction ID: 37190717 WA 98229-2574 Bellingham Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Northwest Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Elizabeth Minto Date of Receipt Mailing Address 553 N. Mobile Street 05 23 2014 City State Zip Code Transaction ID: 37190718 ΑL Fairhope 36532-2609 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Neurology: Child and Adult, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Joseph S. Kass Date of Receipt Mailing Address 4903 Valerie 2014 05 23 City Zip Code State Transaction ID: 37190720 TX Bellaire 77401-5707 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Baylor College of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 30 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue 2014 25 City Zip Code State Transaction ID: 37191016 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jaffar Khan Date of Receipt Mailing Address 292 Riverford Way 05 28 2014 City State Zip Code Transaction ID: 37195068 GA Lawrenceville 30043-6416 Amount of Each Receipt this Period FEC ID number of contributing 112.00 federal political committee. Name of Employer Occupation **Emory Clinic** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 224.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Faisal M. Qazi Date of Receipt Mailing Address 1240 West Valencia Mesa Drive 05 30 2014 City State Zip Code Transaction ID: 37197469 CA Fullerton 92833-2221 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation Inland Neurologic Consultants Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 281.00 SUBTOTAL of Receipts This Page (optional)..... 15248.34 TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 OF 30			
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	11a 11b 11c 12			
_				13 14 15 X 16 17			
Ai or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma name and a	ay not be sold or used by any pe ddress of any political committee	to solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	American Academy of Neurology	BrainP.	AC				
Α.	Full Name (Last, First, Middle Initial) Dave Camp For Congress			Date of Receipt			
	Mailing Address 5915 Eastman Avenue			M = M / D = D / Y = Y = Y			
	Suite 100			05 08 2014			
	City	State MI	Zip Code	Transaction ID: 37141998			
	Midland	IVII	48640	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C cod	0347476	2500.00			
	Name of Employer	Occupation					
	Receipt For: 2014	Aggregate	Year-to-Date ▼				
	Primary General	, iggi oguto		Refund of contribution on 3/11/2014			
	Other (specify) ▼		2500.00				
В.	Full Name (Last, First, Middle Initial)			Date of Descript			
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	City	State	Zip Code				
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	federal political committee.	O .		9 9			
	Name of Employer	Occupation					
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	Primary General	Aggregate	Teal-10-Date ▼				
	Other (specify) ▼						
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	City	State	Zip Code				
				Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer	Occupation					
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	Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,				
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TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 21 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26
	Botanoa Gammary Fago	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nan	ne and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neurology E	BrainPAC		
/		-	
Full Name (Last, First, Middle Initial)			Data of Dishursoment
A. Collins For Senator			Date of Disbursement
Mailing Address PO Box 1096			05 05 2014
Maining Address C Box 1000			30 2014
City	State Zip Code		
Bangor	ME 04402		Transaction ID: 37114844
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Susan M. Collins		Type	2500.00
	nent For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: ME District:			
Full Name (Last, First, Middle Initial)	D.4.0		Data of Diskum and
B. Holding On To Oregon's Priorities	PAC		Date of Disbursement
Mailing Address, 205 Massachusette Aug NE			05 05 2014
Mailing Address 235 Massachusetts Ave NE			03 03 2014
City	State Zip Code		
Washington	DC 20002		Transaction ID: 37114845
Purpose of Disbursement			
Leadership PAC Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
		Type	2500.00
Office Sought: House Disburser			
Senate	Primary General		Leadership PAC Contribution
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Diskum and
C. Tim Scott For Senate			Date of Disbursement
Moiling Address 4405 Asklau Biran Basal			05 05 2014
Mailing Address 1405 Ashley River Road			03 03 2014
City	State Zip Code		
Charleston	SC 29407		Transaction ID: 37114846
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Tim Scott		Type	1000.00
	nent For: 2014		
Senate	Primary General		Campaign Contribution
President	Other (specify) ▼		
State: SC District:			
			6000.00
SUBTOTAL of Disbursements This Page (optional)		······	0000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 22 OF 30				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)			
	Detailed Summary Page	21b	22 🗙 23	24 25 26		
Г		27	28a 28b	28c 29 30b		
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
American Academy of Neurology E	BrainPAC					
Full Name (Last, First, Middle Initial)						
A. Wyden For Senate			Date of Disburseme	nt		
Mailing Address 232 Ne 9th Avenue			05 05	2014		
City	State Zip Code		Transaction ID: 3	744.40.47		
Portland	OR 97232		Transaction ib . 3	7114047		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Dis	bursement this Period		
Candidate Name		Category/		2500.00		
Sen. Ron Wyden		Туре	7	2300.00		
Senate President	ment For: 2016 Primary ☐ General Other (specify) ▼		Campaign Contribution	on		
State: OR District:						
Full Name (Last, First, Middle Initial)			Data of Diahumanna			
B. Blumenthal For Connecticut			Date of Disburseme			
Mailing Address C/O Cacace Tusch & Santagata 777 Summer St Suite 103			05 05	2014		
City Stamford	State Zip Code CT 06901		Transaction ID : 3	7120086		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Dis	bursement this Period		
Candidate Name		Category/				
Sen. Richard Blumenthal		Type		2500.00		
	ment For: 2016					
	Primary General		Campaign Contributi	on		
State: CT District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Bucshon For Congress			Date of Disburseme	nt		
Mailing Address PO Box 250			05 05	2014		
City	State Zip Code					
Newburgh	IN 47629		Transaction ID: 3	7120087		
Purpose of Disbursement Campaign Contribution						
Candidate Name	011	Amount of Each Dis	bursement this Period			
Rep. Larry Bucshon MD		Category/ Type		1000.00		
•	ment For: 2014	Турс	7	7		
Senate President State: IN District: 08	Primary General Other (specify) ▼		Campaign Contribution	on		
2.55.55.00						
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			Summary Page	21b 27	22 28a	23 28b	24 25 26 30b	
Λ	ry information copied from such Reports and Staten	l nente mo::	not be sold or use					
	for commercial purposes, other than using the nam							
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Academy of Neurology B	BrainPA	C					
_	Full Name (Last, First, Middle Initial)							
Α.	Tim Murphy For Congress				Date of	f Disburse		
	Mailing Address PO Box 24551				05	0		
	City	State	Zip Code		T	notice ID	. 27120026	
	Pttsburgh	PA	15234		irans	action ID	: 37128826	
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period	
	Candidate Name			Category/			1000.00	
	Rep. Tim F. Murphy	oont Farr	204.4	Туре		- 7	1000.00	
	Senate President	nent For: Primary Other (spe	General		Campai	ign Contrib	oution	
_	State: PA District: 18							
В	Full Name (Last, First, Middle Initial)				Date of	f Disburse	ement	
٠.	Bilirakis For Congress				M = M	/ D		
	Mailing Address PO Box 606				05		7 2014	
	Tarpon Springs	State FL	Zip Code 34688		Trans	saction ID	: 37128830	
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period	
	Candidate Name			Category/			1000.00	
	Rep. Gus M. Bilirakis			Type		7	1000.00	
	Senate	nent For: Primary Other (spe	General		Campa	ign Contrik	oution	
_	Full Name (Last, First, Middle Initial)							
C.	Fattah For Congress				Date o	f Disburse		
	Mailing Address 3900 Ford Road Suite 120				05	0.		
	Philadelphia	State PA	Zip Code 19131		Trans	saction ID	: 37128833	
	Purpose of Disbursement Campaign Contribution			011	Amoun	t of Each	Disbursement this Period	
	Candidate Name			Category/	-			
	Rep. Chaka Fattah			Туре			1000.00	
	Senate	nent For: Primary Other (spe	General		Campai	ign Contrib	oution	
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s	UBTOTAL of Disbursements This Page (optional)			·····•			3000.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 24 OF 30				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b			
[27				
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NAME OF COMMITTEE (In Full)		•				
American Academy of Neurolog	y BrainPAC					
Full Name (Last, First, Middle Initial)						
A. Mckinley For Congress			Date of Disbursement			
Mailing Address PO Box 642			05 07 2014			
City	State Zip Code		Transaction ID : 37128836			
Morgantown	WV 26507		Transaction 15 . 37 120030			
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. David McKinley		Туре	1000.00			
Office Sought: House Disbu	rsement For: 2014 ✓ Primary General Other (specify) ▼		Campaign Contribution			
State: WV District: 01						
Full Name (Last, First, Middle Initial)			B			
B. Bucshon For Congress			Date of Disbursement			
Mailing Address PO Box 250			05 06 2014			
City Newburgh	State Zip Code IN 47629		Transaction ID: 37130656			
Purpose of Disbursement Void - Bucshon For Congress		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
Rep. Larry Bucshon MD		Type	-1000.00			
Office Sought: House Disbu	Primary General Other (specify)		Void - Bucshon For Congress			
Full Name (Last, First, Middle Initial)						
C. Walorski For Congress Inc			Date of Disbursement			
Mailing Address PO Box 954			05 15 2014			
City Mishawaka	State Zip Code IN 46546		Transaction ID : 37146566			
Purpose of Disbursement Void - Walorski For Congress Inc		011				
Candidate Name		011	Amount of Each Disbursement this Period			
Rep. Jackie Walorski		Category/ Type	-1000.00			
	irsement For: 2014	71				
Senate President State: IN District: 02	Primary General Other (specify) ▼		Void - Walorski For Congress Inc			
Oldio. III District. UZ						
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 25 OF 30
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 Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology B	rainPAC		
Full Name (Last, First, Middle Initial)			
A. Tim Bishop For Congress			Date of Disbursement
Mailing Address PO Box 437			05 19 2014
City	State Zip Code		Transaction ID : 37179532
Farmingville	NY 11738		11alisaction ib . 3/1/3332
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Tim Bishop		Туре	1000.00
Senate	nent For: 2014 Primary General Other (specify)		Campaign Contribution
State: NY District: 01			
Full Name (Last, First, Middle Initial)			
B. Pete Sessions For Congress			Date of Disbursement
Mailing Address PO Box 823047			05 19 2014
Dallas	itate Zip Code TX 75382		Transaction ID : 37179533
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Pete Sessions		Type	2500.00
Senate	nent For: 2014 Primary		Campaign Contribution
Full Name (Last, First, Middle Initial)			
C. Ami Bera For Congress			Date of Disbursement
Mailing Address PO Box 582496			05 19 2014
,	State Zip Code CA 95758		Transaction ID : 37179535
Purpose of Disbursement Campaign Contribution	33730	011	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Ami Bera MD		Category/ Type	1000.00
•	nent For: 2014	71	
	Primary General Other (specify) ▼		Campaign Contribution
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 26 OF 30				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	04 🗆 05 —		
	Detailed Summary Page	21b		24 25 26		
[27		28c 29 30b		
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NAME OF COMMITTEE (In Full)	, , , ,					
American Academy of Neurology	BrainPAC					
Full Name (Last, First, Middle Initial)						
A. Denny Heck For Congress			Date of Disbursement			
Mailing Address PO Box 235			05 / 19	2014		
City	State Zip Code					
Olympia	WA 98507		Transaction ID: 371	179537		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		1000.00		
Rep. Denny Heck		Type		1000.00		
Senate President	ment For: 2014 Primary General Other (specify)		Campaign Contribution	1		
State: WA District: 10						
Full Name (Last, First, Middle Initial) B. Diana Degette For Congress			Date of Disbursement			
B. Diana Degette For Congress						
Mailing Address P.O. Box 61337			05 19	2014		
City Denver	State Zip Code CO 80206		Transaction ID: 37	179538		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		4000.00		
Rep. Diana DeGette		Type		1000.00		
	ment For: 2014 Primary General Other (specify)		Campaign Contribution	n		
Full Name (Last, First, Middle Initial)						
C. Renee Ellmers For Congress Con	nmittee		Date of Disbursement			
Mailing Address PO Box 99567			05 / 19	2014		
City Raleigh	State Zip Code NC 27624		Transaction ID: 371	179539		
Purpose of Disbursement						
Campaign Contribution Candidate Name		011	Amount of Each Disb	ursement this Period		
		Category/		1000.00		
Rep. Renee Ellmers RN Office Sought: House Disburse	ment For: 2014	Туре				
Senate President	Primary ☐ General Other (specify) ▼		Campaign Contribution	1		
State: NC District: 02						
SUBTOTAL of Disbursements This Page (optional).		······		3000.00		
TOTAL This Period (last page this line number only	·)					

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 27 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the 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 name			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial)			
A. Friends Of John Barrow			Date of Disbursement
Mailing Address PO Box 1001			05 19 2014
City	State Zip Code		Transaction ID : 37179540
Augusta	GA 30903		11alisaction ib : 37173340
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. John Barrow		Туре	100.00
Senate President	nent For: 2014 Primary General Other (specify)		Campaign Contribution
State: GA District: 12			
Full Name (Last, First, Middle Initial)			Data of Dishara anant
^{B.} Marsha Blackburn For Congress, I	nc.		Date of Disbursement
Mailing Address PO Box 3750			05 19 2014
City Brentwood	State Zip Code TN 37024		Transaction ID : 37179541
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Marsha Blackburn		Type	2000.00
	nent For: 2014 Primary General Other (specify)		Campaign Contribution
Full Name (Last, First, Middle Initial)			
C. Perlmutter For Congress			Date of Disbursement
Mailing Address 3440 Youngfield Street #264			05 19 2014
	State Zip Code CO 80033		Transaction ID : 37179542
Purpose of Disbursement Campaign Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Rep. Edwin Perlmutter		Category/ Type	1000.00
	nent For: 2014 Primary General Other (specify)		Campaign Contribution
State: CO District: 07			
SUBTOTAL of Disbursements This Page (optional)		······	4000.00
TOTAL This Period (last page this line number only)		······	

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 28 OF 30
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 name			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial)			
A. Roskam For Congress Committee			Date of Disbursement
Mailing Address P. O. Box 713			05 19 2014
City	State Zip Code		Transaction ID : 37179547
Wheaton	IL 60187		11alisaction iD . 3/1/934/
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Peter Roskam	_	Type	1000.00
Senate President	nent For: 2014 Primary		Campaign Contribution
State: IL District: 06			
Full Name (Last, First, Middle Initial)			Data of Dialouseanast
B. Walorski For Congress Inc			Date of Disbursement
Mailing Address PO Box 954			05 19 2014
Mishawaka	State Zip Code IN 46546		Transaction ID: 37179548
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Jackie Walorski		Type	1000.00
	nent For: 2014 Primary General Other (specify)		Campaign Contribution
Full Name (Last, First, Middle Initial)			Data of Dishamanana
C. Friends Of Mark Warner			Date of Disbursement
Mailing Address 201 North Union Street Suite 300			05 19 2014
•	State Zip Code		Transaction ID: 37179549
Alexandria Purpose of Disbursement	VA 22314		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Mark Robert Warner		Category/	1000.00
	nent For: 2014	Туре	7 7 7
Senate President State: VA District:	Primary General Other (specify)		Campaign Contribution
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Llea caparata achadula(-)	FOR LINE I		PAGE 29 OF 30	
ITEMIZED DISBURSEMENTS	for each category of the		nly one) b 22 💢 23 24 25 26		
	Detailed Summary Page	21b 27	28a 28b	28c 29 30b	
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from	n such committee.	
NAME OF COMMITTEE (In Full)	. 540				
American Academy of Neurology B	rainPAC				
Full Name (Last, First, Middle Initial)					
A. Lone Star Leadership PAC	Date of Disbursement				
Mailing Address 104 Hume Avenue			05 21	2014	
City	State Zip Code		Transaction ID: 37	100414	
Alexandria	VA 22301		Transaction iD . 37	100414	
Purpose of Disbursement Leadership PAC contribution		011	Amount of Each Disb	ursement this Period	
Candidate Name Category/			1000.00		
Office Sought: House Disbursen	pont For:	Туре		1000.00	
		Leadership PAC contribution			
	Primary ☐ General Other (specify) ▼		Loudorship i AO COINH	241011	
State: District:					
Full Name (Last, First, Middle Initial)			Data of Dialaman		
B. Bob Casey For Senate Inc			Date of Disbursement		
Mailing Address PO Box 58746			05 21	2014	
Philadelphia	State Zip Code PA 19102		Transaction ID : 37	188415	
Purpose of Disbursement Campaign Contribution 011			Amount of Each Disb	ursement this Period	
Candidate Name Category/			4000.00		
Sen. Bob P. Casey Jr.		Type		1000.00	
	nent For: 2018 Primary General				
	Other (specify)		Campaign Contribution		
State: PA District:	(op) •				
Full Name (Last, First, Middle Initial)					
C. Andy Barr For Congress, Inc.	Date of Disbursemen	t			
Mailing Address PO Box 2059		05 28	2014		
	State Zip Code		Transaction ID: 37	195450	
Lexington Purpose of Disbursement	KY 40588				
Campaign Contribution 011			Amount of Each Disbursement this Period		
Candidate Name Category/					
Rep. Andy Barr		Type		1000.00	
Senate	nent For: 2014 Primary ☐ General Other (specify) ▼		Campaign Contribution	1	
State: KY District: 06					
SUBTOTAL of Disbursements This Page (optional)		······		3000.00	
TOTAL This Period (last page this line number only)		·····•		,	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF 30		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NOMBER:		
		21b	22 🗙 23 24 25 26		
	Detailed Sulfilliary Fage	27	28a 28b 28c 29 30		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name	ne and address of any political	al committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
angle American Academy of Neurology E	BrainPAC				
Full Name (Last, First, Middle Initial)					
A. Titus For Congress			Date of Disbursement		
Mailing Address PO Box 72454			05 28 2014		
City	State Zip Code				
Las Vegas	NV 89170		Transaction ID: 37195452		
Purpose of Disbursement					
Campaign Contribution 011			Amount of Each Disbursement this Period		
Candidate Name Category/			1000.00		
Rep. Dina Titus Office Sought:	nent For: 2014	Туре	.555,65		
	Primary General		Compoign Contribution		
President	Other (specify)		Campaign Contribution		
State: NV District: 01	•				
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name			Amount of Each Disbursement this Feriod		
		Category/ Type			
Office Sought: House Disbursen	nent For:	7.			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
•			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
Oity	State Zip Gode				
Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disburser	nent For:	Туре			
	Primary General				
President	Other (specify) ▼				
State: District:					
			1000.00		
SUBTOTAL of Disbursements This Page (optional)		·········•	1000.00		
			32500.00		