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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Neurology BrainPAC 509b 2nd St. NE ADDRESS (number and street) Check if different than previously DC 20002 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00435933 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Timothy J. Engel Type or Print Name of Treasurer Electronically Filed by Mr. Timothy J. Engel 07 3 1 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC [®]D 0 1 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 153878.00 January 1 (b) Cash on Hand at 154878.00 Begining of Reporting Period 132004.86 132004.86 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 286882.86 285882.86 6(a) and 6(c) for Column B) 113600.00 113600.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 173282.86 172282.86 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed 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) Page 3

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period:

From: 0 1

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Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
(1	Than Political Committees (i) Itemized (use Schedule A)	95072.00	95072.00
	(ii) Unitemized	36932.86	36932.86
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	132004.86	132004.86
(1	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	132004.86	132004.86
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>A</i>	All Loans Received	0.00	0.00
1. L 5. C	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	132004.86	132004.86
	otal Federal Receipts subtract Line 18(c) from Line 19)	132004.86	132004.86

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DETAILED SUMMARY PAGE

of Disbursements

of Dispulsements	Page 4	
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
	0.00	
0.00		
0.00	0.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
113500.00	113500.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
100.00	100.00	
0.00	0.00	
0.00	0.00	
100.00	100.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
113600.00	113600.00	
113600.00	113600.00	
	COLUMN A Total This Period 0.00 0.00 0.00 0.00 0.00 113500.00 0.00 0.00 0.00 100.00 100.00 0.00 0.00 100.00 100.00 100.00 100.00 0.00 100.00 100.00	

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	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	132004.86	132004.86	
34.	Total Contribution Refunds (from Line 28(d))	100.00	100.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	131904.86	131904.86	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 92 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Bra	inPAC		
Α.	Full Name (Last, First, Middle Initial) Catherine M. Rydell	Date of Receipt		
	Mailing Address 3820 Grand Way #30			01 06 2011
	City St. Louis Park	State MN	Zip Code 55416	Transaction ID: 32812531 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33410	1000.00
	Name of Employer American Academy of Neuro- logy	Occupation Executiv	on re Director/CEO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Dominic Fee Mailing Address 1224 Litchfield Ln	Date of Receipt		
		01 16 2011		
	City Lexington	State KY	Zip Code	Transaction ID: 32867879
	FEC ID number of contributing federal political committee.	C	40513-1794	Amount of Each Receipt this Period
	Name of Employer Univ of Kentucky	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Judy S. Fine-Edelstein	Date of Receipt		
	Mailing Address 27 Saddle Club Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 32876944
	Lexington FEC ID number of contributing federal political committee.	C	02420-2121	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		3000.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	
Ar	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	American Academy of Neurology Bra	inPAC	
٠.	Full Name (Last, First, Middle Initial) Dr. Thomas Swanson		Date of Receipt
	Mailing Address 5748 Prospect Drive Address 3		0 1
	City	State Zip Code	Transaction ID: 32876949
	Missoula	MT 59808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00 0
	Full Name (Last, First, Middle Initial) Dr. Pushpa Narayanaswami	Date of Receipt	
	Mailing Address 506 Clinton Road	0 1 2 3 2 0 1 1	
	City	State Zip Code	Transaction ID: 32895941
	Chestnut Hill	MA 02467-1419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Beth Israel Deaconess Med- ical Center	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	00
_	Full Name (Last, First, Middle Initial) Dr. Erik Perkins		Date of Receipt
	Mailing Address 11660 Cypress Canyo	0 1 2 6 Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 32901257
	San Diego	CA 92131-3756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Sharp-Rees-Stealy Medical Group	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00 "
	LIRTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC	
Full Name (Last, First, Middle Initial) Dr. Simon J. Farrow		Date of Receipt
Mailing Address 1804 Piccolo Way		01 28 2011
City	State Zip Code	Transaction ID: 32908146
Las Vegas	NV 89146-3029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Simon Farrow Neurology	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
Mailing Address 9235 NW 26th Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 32911308
Gainesville	FL 32606-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	89.00
Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavioral Neurology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 267.00	
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones		Date of Receipt
Mailing Address PO Box 603253		02 01 2011
City	State Zip Code	Transaction ID: 32911315
Providence	RI 02906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	······	839.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 92 (check only one) X 11a
A oı	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Bra	inPAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Michael J. Kaminski Mailing Address 2307 Valley Brook Ro	Date of Receipt		
			Zin Code	02 09 2011
	City Nashville	State TN	Zip Code 37215	Transaction ID: 32951241 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer St. Thomas Neurology Group	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Heidi B. Schwarz Mailing Address 90 Gorham St	Date of Receipt		
		02 10 2 2011		
	City Canandaigua	State NY	Zip Code 14424-1805	Transaction ID: 32959446
	FEC ID number of contributing federal political committee.	C	14424-1605	Amount of Each Receipt this Period 1000.00
	Name of Employer University of Rochester	Occupation Physicia		7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
—).	Full Name (Last, First, Middle Initial) Dr. Briseida E. Feliciano-astacio			Date of Receipt
	Mailing Address V28 Ave Luis Munoz Marin Neoera Medical			02 / 12 / 2011
	City Caguas	State PR	Zip Code 00725-6462	Transaction ID: 32967629 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00725 0402	1000.00
	Name of Employer Neoera Medical	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Ę	SUBTOTAL of Receipts This Page (optional)			3500.00
T,	TOTAL This Period (last page this line numbe	er only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 92 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	inPAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Bridglal Ramkissoon			Date of Receipt
	Mailing Address 4325 Sun N Lake Blv	02 13 2011		
	City Sebring	State FL	Zip Code	Transaction ID: 32967648
	FEC ID number of contributing federal political committee.	C	33872-2171	Amount of Each Receipt this Period 500.00
	Name of Employer Neurology Associates	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Sandra F. Olson	Date of Receipt		
	Mailing Address 201 E Huron St Ste 1	02 16 2011		
	City	State	Zip Code	Transaction ID: 32993757
	Chicago FEC ID number of contributing federal political committee.	C	60611-2968	Amount of Each Receipt this Period 1000.00
	Name of Employer Retired	Occupation Neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ c.	Full Name (Last, First, Middle Initial) Dr. Svinder S. Toor			Date of Receipt
	Mailing Address 850 Southampton Ave Child & Adolescent Neurology			02 16 2011
	City Norfolk	State VA	Zip Code 23510-1021	Transaction ID: 32993783 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Childrens Specialty Group	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00
F	FOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	inPAC	
Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs		Date of Receipt
Mailing Address 901 East Ave Apt A		02 16 YYYYY 02 16 2011
City	State Zip Code	Transaction ID: 32993784
Rochester	NY 14607-2271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Rochester Sch of Med	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen	Date of Receipt	
Mailing Address 3141 Neille Lane	State Zip Code	02 16 7 2011
City	Transaction ID: 32993794	
Twinsburg	OH 44087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance		Date of Receipt
Mailing Address 444 NW Elks Dr		02 24 2011
City	State Zip Code	Transaction ID: 33007484
Corvallis	OR 97330-3745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Corvalis Clinic	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional) .		1650.00
SOBTOTAL of neceipts This rage (optional)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 92 (check only one) X
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Brai	nPAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	Date of Receipt		
	Mailing Address 9235 NW 26th Avenue	02 / 26 / 2011		
	City Gainesville	State FL	Zip Code 32606-9180	Transaction ID: 33011169
	FEC ID number of contributing federal political committee.	C	32000-9100	Amount of Each Receipt this Period 85.00
	Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavior	n ral Neurology	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 352.00	
3.	Full Name (Last, First, Middle Initial) Dr. John David Hixson Mailing Address 1224 3rd Ave	Date of Receipt		
		02 28 7 2011		
	City	State	Zip Code	Transaction ID: 33012373
	San Francisco FEC ID number of contributing federal political committee.	CA	94122-2705	Amount of Each Receipt this Period 500.00
	Name of Employer UCSF	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
—).	Full Name (Last, First, Middle Initial) Dr. Linda A. Hershey	Date of Receipt		
	Mailing Address 367 Lebrun Rd	03 / 03 / 2011		
	City Amherst	State NY	Zip Code 14226-4130	Transaction ID: 33027222
	FEC ID number of contributing federal political committee.	C	14220-4130	Amount of Each Receipt this Period 1000.00
	Name of Employer VAMC & U at Buffalo	Occupation Physicia		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	,	e Year-to-Date ▼ 1000.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1585.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 13 / 92 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC		
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
Mailing Address 9235 NW 26th Avenue			03 04 2011
City	State Z	p Code	Transaction ID: 33030726
Gainesville	FL 3	2606-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		89.00
Name of Employer Univ. of FL Dept. of Neur-	Occupation		
ology	Behavioral Net		
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 441.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley			Date of Receipt
Mailing Address 2890 Burlington St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Z	p Code	Transaction ID: 33030733
Ann Arbor	MI 4	8105-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Henry Ford Hospital	Occupation Neurologist		
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez			Date of Receipt
Mailing Address 29 Glen Hill Ln			03 04 YYYY 03 04 2011
City	State Z	p Code	Transaction ID: 33030735
Tarrytown	NY 1	0591-5061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Bronx Medical Neuro Care	Occupation Neurologist		
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			289.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 92 (check only one) X
or for commercial purposes NAME OF COMMITTE	, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M. Dr. Patrick M. Capone Mailing Address 125/ City Winchester FEC ID number of contrederal political committee Winchester Name of Employer Winchester Neurological Appendix Name of Employer Winchester Neurological Appendix Name of Employer Winchester Neurological Name of Employer Winchester Neurological N	A Medical Cir State VA ibuting e.e.		Date of Receipt M M M O 4 2 0 1 1 Transaction ID: 33030808 Amount of Each Receipt this Period 1000.00
Associates Receipt For: Primary Other (specify) ▼		te Year-to-Date 1000.00	
Full Name (Last, First, MDr. Anna D. Hohler Mailing Address 58 MC City	Aiddle Initial) Morton Street State	Zip Code	Date of Receipt M
Needham Heights FEC ID number of contrept federal political committee	ee.	02494-1204	Amount of Each Receipt this Period 1000.00
Name of Employer BUMC Dept. of Neurolo Receipt For: Primary Other (specify)	Friysici]
Full Name (Last, First, M Dr. Mark A. Kozinn Mailing Address 3537	/liddle Initial) 7 Knollwood Dr NW	Date of Receipt	
City Atlanta FEC ID number of contrepederal political committed		Zip Code 30305-1021	Transaction ID: 33031995 Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupati Physicia		
Receipt For: Primary Other (specify) ▼	General Aggrega	te Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts 7	his Page (optional)		4000.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	commercial purposes, other than using the ME OF COMMITTEE (In Full)	e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ar	nerican Academy of Neurology Brai			
D r.	Il Name (Last, First, Middle Initial) . Timothy A. Pedley iiling Address 55 Green Acres Dr			Date of Receipt
				03 07 2011
Cit R\		State NY	Zip Code 10580	Transaction ID: 33032000
FE	C ID number of contributing deral political committee.	C	10300	Amount of Each Receipt this Period 500.00
Na Cc	me of Employer olumbia University	Occupatio Physicia		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3. <u>Dr</u> .	Il Name (Last, First, Middle Initial) Thomas R. Vidic ailing Address 22642 Remington Cou			Date of Receipt
	iling Address 22642 Remington Cou	03 / 07 / 2011		
Cit	y khart	State IN	Zip Code 46514-4674	Transaction ID: 33032013
FE	C ID number of contributing deral political committee.	C	40314-4074	Amount of Each Receipt this Period 1000.00
Na Ell	me of Employer khart Clinic	Occupatio Physicia		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	II Name (Last, First, Middle Initial) Lily Jung-Henson			Date of Receipt
Ma	ailing Address 9420 SE 54th St			03 / 07 / 2011
Cit	•	State	Zip Code	Transaction ID: 33032015
FE	ercer Island C ID number of contributing deral political committee.	C	98040-5121	Amount of Each Receipt this Period 1000.00
	ıme of Employer vedish Neurosci. Institu- Swedish H	Occupatio Physicia		
Re	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
				2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 92 (check only one) X 11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and addr	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Bra	ainPAC		
A .	Full Name (Last, First, Middle Initial) Dr. Sara G. Austin			Date of Receipt
	Mailing Address 3006 Loveland Cove			03 07 2011
	City	State	Zip Code	Transaction ID: 33032017
	Austin	TX	78746-7635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupation Neurologis		
	Receipt For:	Aggregate '	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Christopher Calder			Date of Receipt
	Mailing Address 10 Norwood Dr	03 07 2011		
	City	State	Zip Code	Transaction ID: 33032131
	Albany	NY	12204-1215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Upstate Neurology Consult- ants LLP	Occupation Physician		
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
с. С.	Full Name (Last, First, Middle Initial) Dr. Kenneth J. Gaines			Date of Receipt
	Mailing Address 1134D S. Clearview F PMB 287	Pkwy		03 07 2011
	City New Orleans	State LA	Zip Code	Transaction ID: 33032145
	FEC ID number of contributing federal political committee.	C	70123-7144	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		_1	1550.00
r	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 92 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology E	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ignacio M. Carrillo-Nunez		Date of Receipt
Mailing Address 35 Festivo		0 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33032147
Long Beach	CA 90813-3408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Neurology Specialists Med Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David W. Brandes		Date of Receipt
Mailing Address 106 Autumn Wood	ls Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33033766
Sweetwater	TN 37874-6482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella		Date of Receipt
Mailing Address 235 Rosemont Ave	enue	03 07 7 2011
City	State Zip Code	Transaction ID: 33034805
Saint Louis	MO 63119-2412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SSM	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 92 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	inPAC	
Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela		Date of Receipt
Mailing Address 9878 Zig Zag Road		03 / 07 / 2011
City	State Zip Code	Transaction ID: 33035679
Cincinnati	OH 45252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Cincinnati, Dept of Neuro	Occupation Neurologist	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Michael W. Morse		Date of Receipt
Mailing Address 1794 E Joyce Blvd St	03 / 07 / 2011	
City	State Zip Code	Transaction ID: 33036319
<u>Fayetteville</u>	AR 72703-5257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Neurological Associates	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Giang		Date of Receipt
Mailing Address 12825 Amber LN		03 07 2011
City	State Zip Code	Transaction ID: 33036324
Yucaipa	CA 92399-4973	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Loma Linda University Med Ctr	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		1750.00
SOBTOTAL of Neceptis This Page (optional).		

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 92 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology E	BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Sarah M. Roddy			Date of Receipt
Mailing Address COLEMAN PAVILION CAMPUS ST	ON, PEDIATRIC	CS 11175	03 07 2011
City <u>Loma Linda</u>	State CA	Zip Code 92350-0001	Transaction ID: 33036327 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Loma Linda University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Milford			Date of Receipt
Mailing Address 11373 Rancho Villa	a Verde Place		03 07 2011
City	State	Zip Code	Transaction ID: 33036358
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 Silver State Neurology	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Mark S. Yerby			Date of Receipt
Mailing Address 1233 SW 57th Ave	nue		0 3 0 7 2 0 1 1
City Portland	State OR	Zip Code 97221-2507	Transaction ID: 33036366 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37221 2307	500.00
Name of Employer North Pacific Epilepsy Re- search	Occupation Physician	า	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional			1750.00

City Saint Louis State Sint Louis State Sint Louis MO 63105-2543 Transaction ID: 33044986 Amount of Each Receipt this Period C Saint Louis C Name of Employer Washington University School of Medicil Receipt For: Primary General Other (specify) ▼ State CT Occupation Physician Aggregate Year-to-Date ▼ State Sint Louis Dr. Joan Puglia Mailing Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City State CT O6776-3517 FEC ID number of contributing federal political committee. C Name of Employer Self - Northwest Hills Neurology In Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Self - Northwest Hills Neurology In Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Mills Neurologist Aggregate Year-to-Date ▼ Date of Receipt Mills Neurology In In In Neurology In	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e (check only one)
American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John C. Morris Mailing Address 8032 Orlando City Saint Louis MO 63105-2543 FEC ID number of contributing federal political committee. Name of Employer New Milford FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. Joan Puglia Mailing Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City New Milford CT 06776-3517 FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurology P C Primary General Other (specify) ▼ State Zip Code Neurology P C City New Milford CT 06776-3517 FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurologist Under (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edgar J. Krenton, Ill Dr.		atements may not be sold or used by ar name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Dr. John C. Morris Mailing Address 8032 Orlando City State Zip Code Saint Louis MO 63105-2543 FEC ID number of contributing federal political committee. Name of Employer Washington University School of Medicining Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City State Zip Code New Milford CT 06776-3517 FEI ID number of contributing federal political committee. C Date of Receipt Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044987 Amount of Each Receipt Transaction ID: 33044987 Amount of Each Receipt Transaction ID: 33044987 Amount of Each Receipt Transaction ID: 33044987 Amount of Each Receipt Transaction ID: 33044987 Amount of Each Receipt Transaction ID: 33044987 Amount of Each Receipt Transaction ID: 33044989 Amount of Each Receipt Transaction ID: 3004989 Amount of Each Receipt Transaction ID: 3004989	` '	PAC	
City State Zip Code Saint Louis MO 63105-2543 FEC ID number of contributing federal political committee. Name of Employer Washington University School of Medicinary Malling Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City State Zip Code Neurologist Rederal political committee. C Date of Receipt Discovery Self-Northwest Hills Neurology P C FUI Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Name of Employer Self-Northwest Hills Neurology P C Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III Mailing Address 30 Bridge St Ste 102 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Neurology P C Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044989 Amount of Each Receipt this Period Date of Receipt Name of Employer School of Medicine Physician PEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Physician Receipt For: Primary General Primary General Pagregate Year-to-Date ▼ Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044980 Amount of Each Receipt this Period Transaction ID: 33044980 Amount of Each Receipt this Period Transaction ID: 33044980 Amount of Each Receipt this Period Transaction ID: 33044980 Amount of Each Receipt this Period	Dr. John C. Morris		Date of Receipt
Saint Louis MO 63105-2543 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Washington Linkersity School of Medic Initial) Dr. Joan Puglia Mailing Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City State Zip Code New Milford CT 06776-3517 FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurology P C Receipt For: Primary General Other (specify) ▼ State Zip Code Neurology, P C. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Atlanta GA 30309-3445 FEC ID number of contributing federal political committee. C 100000000000000000000000000000000000	Mailing Address 8032 Orlando		
FEC ID number of contributing federal political committee. Name of Employer Washington University School of Medici Physician Physician Receipt For: Primary General Other (specify) ▼		·	Transaction ID: 33044986
Name of Employer Occupation Physician Aggregate Year-to-Date ▼	Saint Louis	MO 63105-2543	Amount of Each Receipt this Period
Receipt For:		C	300.00
Receipt For: Primary	Name of Employer Washington University Sch-	1	
Other (specify) ▼ Substituting Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City New Milford CT 06776-3517 FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurologist Receipt For: Primary Qeneral Other (specify) ▼ State Zip Code Transaction ID: 33044987 Amount of Each Receipt this Period Occupation Neurologist Regregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Transaction ID: 33044989 Atlanta GA 30309-3445 FEC ID number of contributing federal political committee. C Occupation Neurologist Regregate Year-to-Date ▼ Transaction ID: 33044989 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period C Name of Employer Morehouse School of Medicine Receipt For: Primary Qeneral Occupation Physician Receipt For: Primary Qeneral	Receipt For:	+ ·	
Dr. Joan Puglia Mailing Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City State Zip Code CT 06776-3517 FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurologist Under (specify) ▼ C C Sceepit For: Primary General Other (specify) ▼ City State Zip Code Neurology, P.C. Receipt For: Primary General Other (specify) ▼ City State Zip Code Aggregate Year-to-Date ▼ Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044987 Amount of Each Receipt this Period Date of Receipt Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 3104989 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	,	300.0	00
Mailing Address 30 Bridge St Ste 102 Northwest Hills Neurology P C City State Zip Code New Milford CT 06776-3517 FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurologist Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Atlanta GA 30309-3445 FEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Occupation Neurologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 33044989 Amount of Each Receipt this Period Transaction ID: 33044989 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Occupation Physician Aggregate Year-to-Date ▼			Date of Receipt
New Milford CT 06776-3517 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Paggregate Year-to-Date ▼ Date of Receipt Date of Receipt Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Alanta GA 30309-3445 FEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Receipt For: Primary General Occupation Physician Receipt For: Aggregate Year-to-Date ▼ 1000.00	0 00 =	gy P C	
FEC ID number of contributing federal political committee. Name of Employer Self - Northwest Hills Neurologist Neurology. P.C. Receipt For: Primary	-	•	Transaction ID: 33044987
Name of Employer Self - Northwest Hills Neurology, P.C. Receipt For: Primary	New Milford	CT 06776-3517	Amount of Each Receipt this Period
Self - Northwest Hills Neurologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Atlanta GA 30309-3445 FEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Receipt For: Primary General Neurologist Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / 2 0 1 1 Transaction ID: 33044989 Amount of Each Receipt this Period C 1000.00		С	350.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Atlanta FEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Receipt For: Primary Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Zip Code Atlanta GA 30309-3445 City Name of Employer Morehouse School of Medicine Receipt For: Primary General Aggregate Year-to-Date ▼	Name of Employer Self - Northwest Hills Ne-		
Dr. Edgar J. Kenton, III Mailing Address 1280 W Peachtree St NW 1280 West Suite 3904 City State Zip Code Atlanta GA 30309-3445 FEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Receipt For: Primary General		00
1280 West Suite 3904 City State Zip Code Atlanta GA 30309-3445 Transaction ID: 33044989 Amount of Each Receipt this Period C 1000.00 Name of Employer Morehouse School of Medicine Receipt For: Primary General			Date of Receipt
Atlanta GA 30309-3445 Amount of Each Receipt this Period C Name of Employer Morehouse School of Medicine Receipt For: Primary General Amount of Each Receipt this Period C 1000.00		W	
FEC ID number of contributing federal political committee. Name of Employer Morehouse School of Medicine Receipt For: Primary General Aggregate Year-to-Date 1000.00	•	•	Transaction ID: 33044989
Name of Employer Morehouse School of Medicine Receipt For: Primary General Occupation Physician Aggregate Year-to-Date 1000.00		GA 30309-3445	Amount of Each Receipt this Period
ine Receipt For: Primary General Aggregate Year-to-Date 1000.00	FEC ID number of contributing federal political committee.	C	1000.00
Primary General	<u>ine</u>	•	
1000 00		Aggregate Year-to-Date ▼	
		1000.0	00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Neurology	/ BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Burk Jubelt		Date of Receipt
Mailing Address 750 E Adams St Department of No		03 11 2011
City	State Zip Code	Transaction ID: 33052751
Syracuse FEC ID number of contributing	NY 13210-2342	Amount of Each Receipt this Period 300.00
federal political committee.		300.00
Name of Employer SUNY HSC Syracuse	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen		Date of Receipt
Mailing Address 3141 Neille Lane		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33085755
Twinsburg	OH 44087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
Mailing Address 9235 NW 26th A	venue	M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33085890
Gainesville	FL 32606-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	89.00
Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavioral Neurology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	
SUBTOTAL of Receipts This Page (option	onal)	539.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 92 (check only one) X
Any or fo	r information copied from such Reports and Sor commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	
1 \	NAME OF COMMITTEE (In Full) American Academy of Neurology Brai	inPAC		
	Full Name (Last, First, Middle Initial) Dr. William S. Gilmer			Date of Receipt
_	Mailing Address 2323 Dunstan Rd			03 / 15 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 33085930
_	Houston	TX	77005-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
Ī	Name of Employer Self	Occupation Physician		
Ī	Receipt For:	, ' 	Year-to-Date ▼	
	Primary General Other (specify) ▼		255.00]
	Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz	1		Date of Receipt
1	Mailing Address 78 Lac Kine Drive			03 15 2011
(City	State	Zip Code	Transaction ID: 33085942
_	Rochester	NY	14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
1	Name of Employer University of Rochester	Occupation Physician		
Ī	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto			Date of Receipt
1	Mailing Address 553 N. Mobile Street			03 15 2011
(City	State	Zip Code	Transaction ID: 33085954
_	Fairhope	AL	36532	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		100.00
1	Name of Employer Neurology: Child and Adul- t, P.C.	Occupation Physician	1	
Ī	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00]
	BTOTAL of Receipts This Page (optional)	1		435.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 92 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner			Date of Receipt
Mailing Address 7994 Everglades [Orive		03 15 2011
City Manlius	State NY	Zip Code	Transaction ID: 33085966
FEC ID number of contributing federal political committee.	C	13104-8501	Amount of Each Receipt this Period 250.00
Name of Employer SUNY Upstate Medical University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel B. Hier			Date of Receipt
Mailing Address 230 W Second St	#3106		03 15 2011
City	State	Zip Code	Transaction ID: 33087450
Kansas City FEC ID number of contributing federal political committee.	MO C	64105	Amount of Each Receipt this Period
Name of Employer Cerner Corporation	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin M. Frishberg			Date of Receipt
Mailing Address 5145 Seagrove Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Diego	State	Zip Code	Transaction ID: 33087455
FEC ID number of contributing federal political committee.	CA	92130-3208	Amount of Each Receipt this Period 250.00
Name of Employer The Neurology Center	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		1500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology E	nd Statements may not be sold or used by any person the name and address of any political committee to BrainPAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman Mailing Address 6 Fenimore Road City Worcester FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MA 01609-1711 C	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 7 2 0 1 1 Transaction ID: 33100593 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Azreena B. Thomas Mailing Address 7711 Louis Pasteu	Dr Ste 914	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78229-3424 C	Transaction ID: 33117792 Amount of Each Receipt this Period 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) Dr. Paula D. Ravin Mailing Address 55 Lake Ave N Department of Neu City Worcester	rology State Zip Code MA 01655-0001	Date of Receipt 0 3 2 4 2 0 1 1 Transaction ID: 33117895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	250.00
Name of Employer Univ of Mass Medical Center Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 92 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	nPAC		
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts			Date of Receipt
Mailing Address 136 Covey Chase			03 25 7 2011
City	State	Zip Code	Transaction ID: 33117922
Tuscaloosa	AL	35406-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician		
Receipt For:	, ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Williams	1		Date of Receipt
Mailing Address 1029 Pier Pointe Lndg			03 26 2011
City	State	Zip Code	Transaction ID: 33119051
Baltimore	MD	21230-3975	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer LifeBridge Health Brain & Spine Instit	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Neil A. Busis			Date of Receipt
Mailing Address 6934 Rosewood Stree	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33119061
<u>Pittsburgh</u>	PA	15208-2639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Pittsburgh Neurology Ctr.	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
	<u> </u>		2100.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology E	nd Statements may not be sold or used by any person the name and address of any political committee to BrainPAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David S. Saperstein Mailing Address 5090 N 40th St Ste City Phoenix	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	AZ 85018-2134	Amount of Each Receipt this Period 500.00
Name of Employer Phoenix Neurological Associates Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. James C. Stevens Mailing Address 12112 Aboite Center	er Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33121746
Fort Wayne FEC ID number of contributing federal political committee.	IN 46814-9528	Amount of Each Receipt this Period 1000.00
Name of Employer Allied Physicians, Inc.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskogee Av	enue	03 31 7 2011
City	State Zip Code	Transaction ID: 33131507
Des Moines FEC ID number of contributing federal political committee.	IA 50312-1426	Amount of Each Receipt this Period 100.00
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	al)	1600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 92 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Academy of Neurology	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec R	load	Date of Receipt 0 3
City <u>Union</u>	State Zip Code ME 04862-4628	Transaction ID: 33131522 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Penobscot Bay Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley Mailing Address 2890 Burlington S	St	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33138131
Ann Arbor	MI 48105-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 9235 NW 26th Av	renue	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33138133
Gainesville FEC ID number of contributing federal political committee.	FL 32606-9180	Amount of Each Receipt this Period 89.00
Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavioral Neurology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 619.00	
	nal)	289.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 92 (check only one) X	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology B	nd Statements may not be sold or used by any perso the name and address of any political committee to grainPAC	n for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Mailing Address PO Box 603253		Date of Receipt	
City Providence	State Zip Code RI 02906	Transaction ID: 33138602 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer Self	Occupation Physician	250.00	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez Mailing Address 29 Glen Hill Ln		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Tarrytown FEC ID number of contributing federal political committee.	State Zip Code NY 10591-5061	Transaction ID: 33139501 Amount of Each Receipt this Period 100.00	
Name of Employer Bronx Medical Neuro Care	Occupation Neurologist	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Samuels Mailing Address 2541 NE 35th Stree	et	Date of Receipt	
City Lighthouse Point	State Zip Code FL 33064-8156	Transaction ID: 33142181 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional	l) >	600.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Report	for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 29 / 92 (check only one) X
or for commercial purposes, other than u NAME OF COMMITTEE (In Full) American Academy of Neurolog	sing the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mike Amery		Date of Receipt
Mailing Address 20308 Trolley C	crossing Ct.	04 07 2011
City	State Zip Code	Transaction ID: 33153889
Montgomery Village	MD 20886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer American Academy of Neuro- logy	Occupation Legislative Counsel, Federal Affairs]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Rod Larson		Date of Receipt
Mailing Address 4418 Xerxes Av	e S	04 08 2011
City	State Zip Code	Transaction ID: 33159673
<u>Minneapolis</u>	MN 55410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer American Academy of Neuro- logy	Occupation Deputy Exec. Director, Center for Heal	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James F. Selwa		Date of Receipt
Mailing Address 2044 Valleyview	v Drive	0 4
City	State Zip Code	Transaction ID: 33160285
Ann Arbor	MI 48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Wayne State Univ.	Occupation Physician]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	tional)	3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 92 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurology E	<u>~</u>	arooo or any ponioca committee to	
Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer			Date of Receipt
Mailing Address 711 Haverford Ave	;		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CA	Zip Code	Transaction ID: 33160291
Pacific Palisades FEC ID number of contributing federal political committee.	CA	90272-4313	Amount of Each Receipt this Period 1250.00
Name of Employer UCLA Dept. of Clinical Ne- urophysiology Receipt For: Primary Other (specify)	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. James C. Stevens Mailing Address 12112 Aboite Cent	er Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33160295
Fort Wayne	IN	46814-9528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Allied Physicians, Inc.	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. J. Clay Goodman			Date of Receipt
Mailing Address 7447 Cambridge S	t Apt 13		04 10 2011
City Houston	State TX	Zip Code 77054-2017	Transaction ID: 33160312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	770012017	1000.00
Name of Employer Baylor Medical School	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		3250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 92 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology B	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kavita M. Grover Mailing Address 5222 Royal Vale La	ane		Date of Receipt
City Dearborn	State MI	Zip Code 48126	Transaction ID: 33160321 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:	Occupation Neurolog Aggregate		
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Stanley Fahn Mailing Address 155 Edgars Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33160327
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 Neurological Institute	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Robyn G. Young	I		Date of Receipt
Mailing Address 5 Sand Piper Place			04 / 10 / Y Y Y Y Y
City	State CA	Zip Code	Transaction ID: 33160335
Alameda FEC ID number of contributing federal political committee.	C	94502	Amount of Each Receipt this Period 250.00
Name of Employer Orange Coast Memorial Med- ical Center Receipt For:	Occupation Neurolog		
Primary General Other (specify) ▼	Ayyreyate	250.00	
SUBTOTAL of Receipts This Page (optional	al)		1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 32 / 92 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology E	g the name and address of any	d or used by any perso y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David J. Walsh Mailing Address 1815 J Boulder Sp	rinas Drive		Date of Receipt
City Saint Louis	State Zip Co MO 63146		Transaction ID: 33160337 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Saint Louis University Receipt For:	Occupation Neurologist Aggregate Year-to-Da	nto. V	
Primary General Other (specify) ▼	Aggregate real-to-ba	500.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan P. Hosey Mailing Address 1503 Red Ln	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: 33160339
Danville	PA 17821	1-8493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Geisinger Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	1000.00	
Full Name (Last, First, Middle Initial) Dr. William J. Weiner			Date of Receipt
Mailing Address 22 S Greene St # N University of Maryl	and Dept of Neu		04 10 2011
City Baltimore	State Zip Co MD 21201	ode 1-1544	Transaction ID: 33160348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1077	250.00
Name of Employer University of Maryland Sc- hool of Medic Receipt For:	Occupation Physician	nto. V	
Primary General Other (specify) ▼	Aggregate Year-to-Da	250.00	
SUBTOTAL of Receipts This Page (options	al\		1750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for cor	mmercial purposes, other than using the E OF COMMITTEE (In Full)	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ame	erican Academy of Neurology Brain	PAC		
A. Dr. Li	Jame (Last, First, Middle Initial) sa M. Shulman			Date of Receipt
Mailin	ng Address 110 S Paca St Fl 3 Dept of Neurology RM:	3-S-127		04 10 2011
City		State	Zip Code	Transaction ID: 33160350
	more	MD	21201-1642	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		250.00
	e of Employer MD At Baltimore	Occupation Physician		
Recei	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Jame (Last, First, Middle Initial) ennett L. Lavenstein			Date of Receipt
Mailin 	ng Address 4210 Rosemary Street			0 4
City	Observe	State	Zip Code	Transaction ID: 33161461
	vy Chase	MD	20815-5218	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		500.00
	e of Employer rens National Med Ctr	Occupation Physician		
	ipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
C. Dr. St	Jame (Last, First, Middle Initial) usan M. Naselli			Date of Receipt
Mailin	ng Address 8813 Fawn Ridge Dr.			0 4 1 2 2 0 1 1
City		State	Zip Code	Transaction ID: 33161872
·	Myers	FL	33912	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		250.00
VA 	e of Employer	Occupation Physician		
Recei	ipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		270.00	
SUBTO	TAL of Receipts This Page (optional)			1000.00
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any person dress of any political committee to	
American Academy of Neurology Brain	nPAC		
Full Name (Last, First, Middle Initial) Dr. Peter D. Donofrio			Date of Receipt
Mailing Address 1708 Linden Avenue			0 4 1 2 2 0 1 1
City	State	Zip Code	Transaction ID: 33161874
<u>Nashville</u>	TN	37212-5112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Vanderbilt University	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lisa M. DeAngelis			Date of Receipt
Mailing Address 400 East 56th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33161876
New York	NY	10022-4339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Memorial Sloan Kettering Cancer Center	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Walter J. Koroshetz			Date of Receipt
Mailing Address 7808 Stable Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33161889
Potomac	MD	20854-1791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mass General Hospital,Nat- ional Institu	Occupatio Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 92 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	
American Academy of Neurology Bra	ainPAC		
Full Name (Last, First, Middle Initial) Dr. Glenn D. Graham			Date of Receipt
Mailing Address 2121 Jamieson Ave.			04 12 2011
City	State	Zip Code	Transaction ID: 33161894
Albuquerque	NM	87122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VA Medical Center	Occupatio Physicia		
Receipt For:	- ' '	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Robert T. Leshner			Date of Receipt
Mailing Address 939 Coast Blvd. #56			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33161900
<u>La Jolla</u>	CA	92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Children's National	Occupatio Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV			Date of Receipt
Mailing Address 250 K St NE #406			0 4
City	State	Zip Code	Transaction ID: 33161908
Washington	DC	20002-3381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Public Policy Fellow	Occupatio Fellow	n	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 92 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the such that the such t	Statements may he name and add	not be sold or used by any persoldress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	ainPAC		
Full Name (Last, First, Middle Initial) Dr. Robert A. Gross			Date of Receipt
Mailing Address 44 Split Rock Rd			04 12 7 2011
City	State	Zip Code	Transaction ID: 33161910
Pittsford	NY	14534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of Rochester	Occupation Neurolog		7
Receipt For:	_ , '	e Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) Dr. Laura B. Powers			Date of Receipt
Mailing Address 5629 Tazewell Pike			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33161919
Knoxville	TN	37918-9264	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self/ Retired	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Carmel Armon			Date of Receipt
Mailing Address 99 Pinewood Drive			0 4
City	State	Zip Code	Transaction ID: 33161951
Longmeadow	MA	01106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1900.00
Name of Employer Baystate Medical Center	Occupation Chief of I	n Neurology	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1900.00	
SUBTOTAL of Receipts This Page (optional)			2900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 92 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Neurology Full Name (Last, First, Middle Initial)	BrainPAC	Date of Descirt
Dr. John R. Wilson Mailing Address 675 W North Ave Neurology Clinical	Neurophysiology	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33161981
Melrose Park FEC ID number of contributing federal political committee.	IL 60160-1627	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robin L. Brey		Date of Receipt
Mailing Address 13618 Bluffcircle		04 12 2011
City	State Zip Code	Transaction ID: 33164517
San Antonio	TX 78216-1902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer University Texas Health Science Center	Occupation neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan L. Carter		Date of Receipt
Mailing Address 12270 No. 78th Pl	ace	0 4
City	State Zip Code	Transaction ID: 33164528
Scottsdale	AZ 85260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mayo Clinic	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (ention	nal)	4250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Neurology Br	ainPAC	
Full Name (Last, First, Middle Initial) Dr. Jeffrey L. Gross		Date of Receipt
Mailing Address 9 Coach Ln	7.01	04 12 2011
City Westport	State Zip Code CT 06880-2108	Transaction ID: 33164550
FEC ID number of contributing federal political committee.	CT 06880-2108	Amount of Each Receipt this Period 500.00
Name of Employer Associated Neurologists	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Williams		Date of Receipt
Mailing Address 1029 Pier Pointe Lnd	dg	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 33164581
Baltimore	MD 21230-3975	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer LifeBridge Health Brain & Spine Instit	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Steven J. Zuckerman		Date of Receipt
Mailing Address 510 Hidden Lake Co	urt	0 4 1 2 2 0 1 1
City	State Zip Code	Transaction ID: 33164590
Baton Rouge	LA 70810-4356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Brain		
Full Name (Last, First, Middle Initial) Dr. Charles C. Flippen, II Mailing Address 11319 Isleta St City Los Angeles	State Zip Code CA 90049-3022	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer County of LA/ UCLA Receipt For: Primary General Other (specify)	C Occupation Neurologist Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr. Fang Feng Mailing Address 6194 Minosa Circle City Tucker FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State Zip Code GA 30084 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 3 2 0 1 1 Transaction ID: 33173237 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Allison Brashear Mailing Address 208 Hadley Ct City Winston Salem FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NC 27106-4489 C	Date of Receipt M M M / D D / Y Y Y Y Y 0 4 1 4 2 0 1 1 Transaction ID: 33173260 Amount of Each Receipt this Period 500.00
Name of Employer Wake Forest Receipt For: Primary General Other (specify) ▼	Occupation Neurologist Aggregate Year-to-Date ▼ 500.00	1250.00

Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Street City State Pittsburgh PA FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Zip Code 10510-2543 Year-to-Date Zip Code 15208-2639	Date of Receipt Date of Receipt Transaction ID: 33182578 Amount of Each Receipt this Period Date of Receipt Date of Rece
Dr. Orly Avitzur Mailing Address 815 Old Sleepy Hollow Rd Extension City State Briarcliff NY FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Street City State Pittsburgh PA FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Aggregate Occupation Physician Receipt For: Aggregate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	Zip Code 10510-2543 Year-to-Date ▼ 1000.00 Zip Code 15208-2639	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Briarcliff FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Street City State Pittsburgh PA FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	10510-2543 Year-to-Date ▼ 1000.00 Zip Code 15208-2639	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Street City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Occupation PA C C Occupation Physician Aggregate Aggregate PA FEIL Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	Year-to-Date ▼ 1000.00 Zip Code 15208-2639	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Street City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	Year-to-Date ▼ 1000.00 Zip Code 15208-2639	Transaction ID: 33182580 Amount of Each Receipt this Period
Dr. Neil A. Busis Mailing Address 6934 Rosewood Street City State Pittsburgh PA FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Occupation Physician Receipt For: Aggregate Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	15208-2639	Transaction ID: 33182580 Amount of Each Receipt this Period
Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	15208-2639	Transaction ID: 33182580 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State		
Pittsburgh Neurology Ctr. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State		
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State		
Dr. Dara G. Jamieson Mailing Address 428 E 72nd St Ofc 400 City State	Year-to-Date ▼ 3000.00	
City State		Date of Receipt
•		04 18 2011
INCW TOIL	Zip Code 10021-4635	Transaction ID: 33182589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	10021-4033	1000.00
Name of Employer Weill Cornell Occupation Physician		
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		i

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 92 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Edwin Trevathan			Date of Receipt
	Mailing Address 3545 Lafayette Ave St	e 300		04 / 14 / 2011
	City Saint Louis	State MO	Zip Code 63104-1314	Transaction ID: 33182617
	FEC ID number of contributing federal political committee.	C	03104-1314	Amount of Each Receipt this Period 500.00
	Name of Employer St. Louis Children's Hosp- ital	Occupatio Physicial	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Mark Mintz Meiling Address 20 Bahin Lana Brive			Date of Receipt
	Mailing Address 20 Robin Lane Drive			04 14 2011
	City	State	Zip Code	Transaction ID: 33182619
	Cherry Hill FEC ID number of contributing federal political committee.	C	08003	Amount of Each Receipt this Period 250.00
	Name of Employer The Center of Neurological Health	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Petre Udrea			Date of Receipt
	Mailing Address 1975 Miamisburg Cent	terville Rd		0 4 1 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 33182625
	Dayton	OH	45459-3811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dayton Center for Neuro Disoders	Occupatio Physicial	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42/92 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Stacy A. Rudnicki Mailing Address 236 Kingsrow Drive City Little Rock FEC ID number of contributing federal political committee. Name of Employer Univ. of AR Med. Ctr. Receipt For:	State AR C Occupatio Physicia		Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 4 2 0 1 1 Transaction ID: 33183269 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Richard D. Brower Mailing Address 712 Twin Hills Drive City	State	500.00 Zip Code	Date of Receipt 0 4 1 5 2 0 1 1
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)	TX C Occupation Physician	79912	Transaction ID: 33184269 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Kathy L. Gardner Mailing Address 4148 Windsor St			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Veterans Admin. Receipt For:	State PA C Occupatio Physicial Aggregate		Transaction ID: 33184270 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0	500.00	1300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 92 (check only one) X
0	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements ma he name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Bra	ainPAC		
۸.	Full Name (Last, First, Middle Initial) Dr. Marc Chamberlain			Date of Receipt
	Mailing Address 6308 18th Ave NE			04 15 2011
	City Seattle	State WA	Zip Code 98115	Transaction ID: 33184284 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univeristy of Washington	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey J. Raizer Mailing Address 1506 Kittyhawk Lane			Date of Receipt
	Mailing Address 1506 Kittyhawk Lane)		04 / 15 / 2011
	City Glenview	State IL	Zip Code	Transaction ID: 33184288
	FEC ID number of contributing federal political committee.	C	60226	Amount of Each Receipt this Period 500.00
	Name of Employer Northwestern University	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. David A. Konanc			Date of Receipt
	Mailing Address 1540 Sunday Dr Ste	100		M M / D D / Y Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: 33184322
	Raleigh FEC ID number of contributing federal political committee.	NC C	27607-6000	Amount of Each Receipt this Period 500.00
	Name of Employer Raleigh Neurology Associa- tes, P.A.	Occupation Physicia	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any person ress of any political committee to	
American Academy of Neurology Brain	nPAC		
Full Name (Last, First, Middle Initial) Dr. Neil A. Busis			Date of Receipt
Mailing Address 6934 Rosewood Street	t		04 15 2011
City	State	Zip Code	Transaction ID: 33184339
<u>Pittsburgh</u>	PA	15208-2639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Pittsburgh Neurology Ctr.	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	5000.00]
Full Name (Last, First, Middle Initial) Dr. William G. Preston			Date of Receipt
Mailing Address 232 Emerald Bay			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33184372
Laguna Beach	CA	92651-1267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Saddleback Valley Neurosc- j. Med. Group	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley			Date of Receipt
Mailing Address 55 Green Acres Dr			0 4 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: 33184389
Rye	NY	10580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Columbia University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			3500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 92 (check only one) X 11a
Ar	ny information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/_</u> A.	Full Name (Last, First, Middle Initial) Dr. Aaron E. Miller Mailing Address 55 E 86th St Apt 7B			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33184967
	New York FEC ID number of contributing federal political committee.	C	10028-1059	Amount of Each Receipt this Period 1000.00
	Name of Employer Mount Sinai School of Medicine Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate]
3.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane			Date of Receipt 0 4 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33186958
	Twinsburg	OH	44087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Children's Hospital and Med. Center of	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00]
	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
	Mailing Address 9235 NW 26th Avenu	е		0 4 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33186963
	Gainesville	FL	32606-9180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		89.00
	Name of Employer Univ. of FL Dept. of Neur- ology		ral Neurology	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 708.00	
s	UBTOTAL of Receipts This Page (optional) .	1)	1239.00
 -	OTAL This Period (last page this line numbe	r only)	·	

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 92 (check only one) X 11a
or for comm	ation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) can Academy of Neurology Brair	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Willi	me (Last, First, Middle Initial) am S. Gilmer Address 2323 Dunstan Rd			Date of Receipt
City Houst	on	State TX	Zip Code 77005-2613	Transaction ID: 33186965 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		85.00
Self Receipt	of Employer For: rimary General ther (specify) ▼	Occupation Physician Aggregate		
Dr. Kath	me (Last, First, Middle Initial) lerine A. Henry Address 300 E 33rd St Apt 16M			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33186967
	ork number of contributing political committee.	C	10016-9419	Amount of Each Receipt this Period 200.00
Name o NYU S	of Employer chool of Medicine	Occupation Physician		
	For: rimary General ther (specify)	Aggregate	e Year-to-Date ▼ 400.00	
	me (Last, First, Middle Initial) abeth Minto			Date of Receipt
Mailing	Address 553 N. Mobile Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33186971
	number of contributing political committee.	C	36532	Amount of Each Receipt this Period 100.00
Name o Neurolo t, P.C.	of Employer ogy: Child and Adul-	Occupation Physician		
Receipt P	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTA	AL of Receipts This Page (optional)			385.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Neurology Brain	nPAC	
Full Name (Last, First, Middle Initial) Dr. Thomas Swanson		Date of Receipt
Mailing Address 5748 Prospect Drive Address 3		04 18 2011
City <u>M</u> issoula	State Zip Code MT 59808	Transaction ID: 33187079
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt
Mailing Address 136 Covey Chase		04 21 4 2011
City Tuscaloosa	State Zip Code AL 35406-1801	Transaction ID: 33215612
FEC ID number of contributing federal political committee.	AL 35406-1801	Amount of Each Receipt this Period
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan		Date of Receipt
Mailing Address PO Box 6059 1617 Sylvester St SW		04 21 2011
City <u>Olympia</u>	State Zip Code WA 98501-2228	Transaction ID: 33215816 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30301-2220	375.00
Name of Employer Madigan Army Medical Cent- er / Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		725.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Brai	e name and add	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John G. Nutt Mailing Address 3181 SW Sam Jackso			Date of Receipt
Department of Neurolo City	ogy OP-32 State	Zip Code	0 4 2 2 2 0 1 1 Transaction ID: 33218229
Portland	OR	97239-3011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Oregon Health Sci Univers- ity Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		1
Full Name (Last, First, Middle Initial) Dr. Michael Gruenthal Mailing Address 47 New Scotland Ave	0 0		Date of Receipt
Neurology Dept MC70 City	State	Zip Code	04 26 2011
Albany	NY	12208-3479	Transaction ID: 33222596 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.1.1.1.1.1	500.00
Name of Employer Albany Medical College	Occupation Neurolog		
Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Wesley A. Carr			Date of Receipt
Mailing Address 1031 McClellan Road			0 4 2 6 2 0 1 1
City	State	Zip Code	Transaction ID: 33223690
Anderson	SC	29621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Neuroscience Associates	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1500.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Neurology Br	d Statements may not be sold or used by any personant he name and address of any political committee to ainPAC	
Full Name (Last, First, Middle Initial) Dr. Christopher Prusinski Mailing Address 119 Lansing Island City Indian Harbour Bea FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State Zip Code FL 32937 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M Z G Z O 1 1 Transaction ID: 33223693 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael C. Graeber Mailing Address 971 Lakeland Dr Ste	1000.00	Date of Receipt
City Jackson FEC ID number of contributing federal political committee. Name of Employer Muscle & Nerve, PA Receipt For: Primary General Other (specify)	State Zip Code MS 39216-4607 C Occupation Physician Aggregate Year-to-Date 750.00	Transaction ID: 33230968 Amount of Each Receipt this Period 750.00
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus Mailing Address 4008 Muskogee Ave City Des Moines FEC ID number of contributing federal political committee.	State Zip Code IA 50312-1426	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Iowa Health Physicians Receipt For: Primary General Other (specify) ▼	Occupation Neurologist Aggregate Year-to-Date 400.00	
SUBTOTAL of Receipts This Page (optional))	1850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Road City Union	State Zip Code ME 04862-4628	Date of Receipt 0 4
FEC ID number of contributing federal political committee.	ME 04862-4628	Amount of Each Receipt this Period 100.00
Name of Employer Penobscot Bay Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor Mailing Address 4229 NE 33rd St City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Seattle FEC ID number of contributing federal political committee.	WA 98105-5354	Amount of Each Receipt this Period 118.00
Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 236.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley Mailing Address 2890 Burlington St		Date of Receipt
City Ann Arbor	State Zip Code MI 48105-1435	Transaction ID: 33234039 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	156.00
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 556.00	
SUBTOTAL of Receipts This Page (optional)		374.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 92 (check only one) X 11a
Any information copied from suor for commercial purposes, other NAME OF COMMITTEE (III) American Academy of	her than using the name and a n Full)	ay not be sold or used by any person ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mido Dr. Michael E. Batipps Mailing Address 106 Irvi	dle Initial)		Date of Receipt
City Washington	State DC	Zip Code	0 4 2 8 2 0 1 1 Transaction ID: 33238672
FEC ID number of contribut federal political committee.		20010-2962	Amount of Each Receipt this Period 500.00
Name of Employer Washington Hospital Cente Receipt For:	Neuroio		
Primary Ger Other (specify) ▼	neral	500.00	
Full Name (Last, First, Midd Dr. Manmohan Nayyar Mailing Address 15007 I			Date of Receipt 0 4 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: 33238904
Apple Valley FEC ID number of contribut federal political committee.	ting CA	92307-5005	Amount of Each Receipt this Period 1000.00
Name of Employer High Desert Neuro-Diagnos tic Med. Grp.	Friysicia	an	
Receipt For: Primary Ger Other (specify) ▼	Aggrega neral	tte Year-to-Date ▼ 1000.00	
Full Name (Last, First, Midc Dr. Dennis Q. McManus			Date of Receipt
waiing Address 8600 N	orth Route 91 Suite 230		04 28 2011
City Peoria	State IL	Zip Code 61615	Transaction ID: 33239279 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.		01010	500.00
Name of Employer SIU School of Medicine	Occupati Physicia		
Receipt For: Primary Ger Other (specify) ▼	Aggrega	tte Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This			2000.00

Ar	ny information copied from such Reports and S for commercial purposes, other than using the			13 14 15 16 17	
		Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Academy of Neurology Brai	nPAC			
۸.	Full Name (Last, First, Middle Initial) Dr. Leo R. Germin			Date of Receipt	
	Mailing Address 1691 W Horizon Ridge	e Pkwy		05 / 01 / 4 4 4 4	
	City	State	Zip Code	Transaction ID: 33250018	
	Henderson	NV	89012-3494	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Clinical Neurology Specia- lists	Occupatio Neurolog			
	Receipt For:	, ' 	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
 s.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	<u> </u>		Date of Receipt	
	Mailing Address 9235 NW 26th Avenue)		05 02 YYYYY 05 02 2011	
	City	State	Zip Code	Transaction ID: 33250027	
	Gainesville	FL	32606-9180	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		89.00	
	Name of Employer Univ. of FL Dept. of Neur- ology	Occupatio Behavior	n ral Neurology	7	
	Receipt For:	Aggregate	e Year-to-Date		
	Primary ☐ General Other (specify) ▼		797.00		
_	Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass	<u> </u>		Date of Receipt	
	Mailing Address 4929 Valerie			05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 33250029	
	Bellaire	TX	77401-5707	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Baylor College of Medicine	Occupatio Physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	250.00		
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		389.00	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 92 (check only one) X
or fo	information copied from such Reports and or commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements may be name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Academy of Neurology Bra	inPAC		
	Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez Mailing Address 29 Glen Hill Ln			Date of Receipt
_		State	Zip Code	05 02 2011
	City Farrytown	NY	10591-5061	Transaction ID: 33250032 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		100.00
N E	lame of Employer Bronx Medical Neuro Care	Occupation Neurolog		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	full Name (Last, First, Middle Initial) Dr. Niranjan N. Jani			Date of Receipt
_	Mailing Address Hawthorne Office Par 10810 Hickory Ridge	Road		05 02 7 2011
	City Columbia	State MD	Zip Code 21044-3622	Transaction ID: 33255926
F	EC ID number of contributing ederal political committee.	C	21044-3022	Amount of Each Receipt this Period 500.00
(lame of Employer Georgetown & Maryland Sta- e Universiti	Occupation Physician		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Bernard M. Weintraub			Date of Receipt
_	Mailing Address Po Box 608			05 02 7 7 7 7 7
	Dity	State	Zip Code	Transaction ID: 33261278
F	Flanders FEC ID number of contributing ederal political committee.	C	07836-0608	Amount of Each Receipt this Period 250.00
	lame of Employer Neurologic Arts Associati- on	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 92 (check only one) X
Any information copied from such Report or for commercial purposes, other than unlike NAME OF COMMITTEE (In Full) American Academy of Neurology	s and Statements may not be sold or used by any person sing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	y BrainPAC	B. (B.)
Dr. Richard L. Pantera, Jr. Mailing Address 623 W Willow A	ve	Date of Receipt 0 5 0 4 2 0 1 1
City	State Zip Code	Transaction ID: 33284096
<u>Visalia</u>	CA 93291-6101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Nilay R. Shah		Date of Receipt
Mailing Address 160 W 66th St 22J		05 06 2011
City	State Zip Code NY 10023-6555	Transaction ID: 33285511
New York FEC ID number of contributing federal political committee.	NY 10023-6555	Amount of Each Receipt this Period 2999.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2999.00	
Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs	I	Date of Receipt
Mailing Address 901 East Ave A	ot A	05 09 2011
City	State Zip Code	Transaction ID: 33291940
Rochester FEC ID number of contributing federal political committee.	NY 14607-2271	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Rochester Sch of Med	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opi	ional)	4499.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 92 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology I	and Statements may not be sold or used by any person g the name and address of any political committee to separate BrainPAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. J Michael Powers		Date of Receipt
Mailing Address 7510 N 1st St		05 11 2011
City	State Zip Code	Transaction ID: 33295358
Phoenix FEC ID number of contributing	AZ 85020-4001	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Affiliated Neurologists Ltd	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark S. Yerby		Date of Receipt
Mailing Address 1233 SW 57th Ave	enue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33301122
Portland	OR 97221-2507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Pacific Epilepsy Re- search	Occupation Physician	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael Hutchinson		Date of Receipt
Mailing Address 530 1st Ave # 5A		0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: 33305373
New York	NY 10016-6402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Langone Med. Center	Occupation Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 92 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Academy of Neurology	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer Mailing Address 2323 Dunstan Ro		Date of Receipt 0 5 1 6 2 0 1 1
City Houston FEC ID number of contributing	State Zip Code TX 77005-2613	Transaction ID: 33305689 Amount of Each Receipt this Period 85.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 425.00	
Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry Mailing Address 300 E 33rd St Ap	t 16M	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City New York FEC ID number of contributing	State Zip Code NY 10016-9419	Transaction ID: 33306213 Amount of Each Receipt this Period 200.00
federal political committee. Name of Employer NYU School of Medicine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Alexander Krob Mailing Address 2211 NE 139th S	t	Date of Receipt
City	State Zip Code	0 5 1 6 2 0 1 1 Transaction ID: 33306564
Vancouver	WA 98686-2742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111.00
Name of Employer Dept of Neurology Unc Hospitals Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 222.00	
SUBTOTAL of Receipts This Page (option	nal)	396.00
TOTAL This Period (last page this line nu	ımber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 92 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts Mailing Address 136 Covey Chase City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer AL Neurology and Sleep Medicine, P.C. Receipt For: Primary General Other (specify)	State AL C Occupation Physician Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 33307019 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi Mailing Address 2741 Belgrave Rd City Pepper Pike FEC ID number of contributing federal political committee. Name of Employer Parma Neurology Receipt For: Primary General Other (specify)	State OH C Occupation Neurolog Aggregate		Date of Receipt M M M D D D 2011 Transaction ID: 33307021 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor Mailing Address 4229 NE 33rd St City Seattle FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify)	State WA C Occupation Physician Aggregate		Date of Receipt M M M / D D A D 2 0 1 1 Transaction ID: 33307025 Amount of Each Receipt this Period 118.00
SUBTOTAL of Receipts This Page (optional) .			318.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 92 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology B	the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar Mailing Address 127 Brookview Ave			Date of Receipt 0 5 1 6 2 0 1 1
City Fairfield FEC ID number of contributing federal political committee.	State CT	Zip Code 06825-1867	Transaction ID: 33307027 Amount of Each Receipt this Period 100.00
Name of Employer Associated Neurologists of So. Ct. Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33331681
Twinsburg	OH	44087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Children's Hospital and Med. Center of Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial)	0 0		2
Dr. Steven L. Lewis Mailing Address 806 Timber Hill Roa	ad		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33332675
Highland Park FEC ID number of contributing federal political committee.	C	60035-5121	Amount of Each Receipt this Period 111.00
Name of Employer Rush Univ. Med. Ctr.	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 222.00	
SUBTOTAL of Receipts This Page (optional	l))	361.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 92 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology E	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor Mailing Address 4229 NE 33rd St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seattle FEC ID number of contributing	State WA	Zip Code 98105-5354	Transaction ID: 33373542 Amount of Each Receipt this Period
federal political committee. Name of Employer Virginia Mason Medical Center Receipt For:	Occupation Physician	n	118.00
Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 472.00]
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus Mailing Address 4008 Muskogee Av	venue		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33373594
Des Moines FEC ID number of contributing federal political committee.	C	50312-1426	Amount of Each Receipt this Period 100.00
Name of Employer Iowa Health Physicians	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt
Mailing Address 1199 Sennebec Ro	ad		05 27 7 2011
City	State	Zip Code	Transaction ID: 33373613
Union FEC ID number of contributing federal political committee.	C	04862-4628	Amount of Each Receipt this Period
Name of Employer Penobscot Bay Medical Cen- ter Receipt For:	Occupation Physician Aggregate		
Primary General Other (specify) ▼	Aggregate	500.00	
	I		318.00

9	SCHEDULE A (FEC Form 3X)		Han annual and the deleter	FOR LINE NUMBER: PAGE 60 / 92	
			Use separate schedule(s) for each category of the	(check only one)	
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Betailed Carrinally 1 age	13 14 15 16 17	
	Any information copied from such Reports and Sopr for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Academy of Neurology Brain	PAC			
. ∠ \ .	Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor			Date of Receipt	
••	Mailing Address 11 Bellwether Way Suite 210			M M / D D / Y Y Y Y Y O D D / 27 2011	
	City	State	Zip Code	Transaction ID: 33373616	
	<u>Bellingham</u>	WA	98229-2574	Amount of Each Receipt this Period	
	•		00220 2071	Amount of Each receipt this i choo	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Northwest Neurology	Occupation	on		
	Northwest Neurology	Physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General	00 0		1	
	Other (specify) ▼	0 0	300.00		
_ 3.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt	
-	Mailing Address 9235 NW 26th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 33375796	
	<u>Gainesville</u>	FL 32606-9180		Amount of Each Receipt this Period	
			32000-9100	Allount of Each Receipt this Feriod	
	FEC ID number of contributing federal political committee.	C		89.00	
	Name of Employer Univ. of FL Dept. of Neur-	Occupation	on		
	Univ. of FL Dept. of Neur- ology	Behavior	ral Neurology		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	33 - 3		1	
	Other (specify) ▼		886.00		
-).	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt	
	Mailing Address 9235 NW 26th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 33378193	
	<u>Gainesville</u>	FL	32606-9180	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		89.00	
	Name of Employer	Occupation			
	Univ. of FL Dept. of Neur- ology	Behavior	ral Neurology		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		075.00	1	
	Other (specify) ▼		975.00		
Γ				1	
	SUBTOTAL of Receipts This Page (optional)			278.00	
⊢	,			-	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 92 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology Br	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass Mailing Address 4929 Valerie			Date of Receipt
City Bellaire	State TX	Zip Code 77401-5707	0 6 0 1 2 0 1 1
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Baylor College of Medicine Receipt For: Primary General	Occupation Physician Aggregate	n e Year-to-Date ▼	1
Other (specify) Full Name (Last, First, Middle Initial) Dr. Alan G. Stein		300.00	Date of Receipt
Mailing Address 1301 Punchbowl St City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Honolulu	HI	96813-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer The Queen's Medical Center	Occupation Neurolog	jist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez	•		Date of Receipt
Mailing Address 29 Glen Hill Ln			06 01 2011
City	State	Zip Code	Transaction ID: 33378204
Tarrytown FEC ID number of contributing federal political committee.	C	10591-5061	Amount of Each Receipt this Period 100.00
Name of Employer Bronx Medical Neuro Care	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		275.00

City State Zip Code Providence RI 02306 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ 750.00 Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff Mailing Address 935 Richmond Rd City State Zip Code OH 44124-1063 City State Zip Code OH 44124-1063 FEC ID number of contributing federal political committee. Name of Employer Case Western Res University Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm 404 EMG Laboratory City State Zip Code OH 44124-1063 Full Name (Last, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm 404 EMG Laboratory City State Zip Code OH	EDULE A (FEC Form 3X) IZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 92 (check only one) X 11a
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Mailing Address PO Box 603253 City State Zip Code RI 02906 FEC ID number of contributing federal political committee. Name of Employer Occupation Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff Mailing Address 935 Richmond Rd City State Zip Code Transaction ID: 33 Amount of Each Re Transaction ID: 33 Amount of Each Re C C Date of Receipt Date of Receipt Transaction ID: 33 Amount of Each Re Transaction ID: 33 Amount of Each Re Transaction ID: 33 Amount of Each Re FEC ID number of contributing federal political committee. Vame of Employer Case Western Res University Vame of Employer Case Western Res University Value Clast, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm 404 EMG Laboratory City State Zip Code MA 01841-2838 FEC ID number of contributing federal political committee. C C Primary General Occupation Physician FEC ID number of contributing federal political committee. C C Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: 33 Amount of Each Re C C Aggregate Year-to-Date ▼ Transaction ID: 33 Amount of Each Re C C Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: 33 Amount of Each Re C C Aggregate Year-to-Date ▼ Transaction ID: 33 Amount of Each Re C C Aggregate Year-to-Date ▼ Transaction ID: 33 Amount of Each Re C C Transaction ID: 33 Amount of Each Re C C Transaction ID: 33 Amount of Each Re C C Transaction ID: 33 Amount of Each Re C C Transaction ID: 33 Amount of Each Re C C Transaction ID: 33 Amount of Each Re C C Transaction ID: 33 Transaction ID: 33 Amount of Each Re C C Transaction ID: 34 Amount of Each Re C C Transaction ID: 34 Amount of Each Re C C Transaction ID: 34 Amount of Each Re C C C C C C C C C C C C C C C C C C C	ommercial purposes, other than using the name and a TE OF COMMITTEE (In Full)	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff Mailing Address 935 Richmond Rd City State Zip Code Cleveland OH 44124-1063 FEC ID number of contributing federal political committee. Name of Employer Case Western Res University Receipt For: Primary General Other (specify) General Other (specify) State Zip Code Transaction ID: 33 Amount of Each Re C Date of Receipt Transaction ID: 33 Amount of Each Re FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm 404 EMG Laboratory City State Zip Code Transaction ID: 33 Lawrence MA 01841-2838 Amount of Each Re FEC ID number of contributing federal political committee. C Name of Employer Case Western Res University Primary General Occupation Physician Physician Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	Name (Last, First, Middle Initial) claine C. Jones ng Address PO Box 603253 State vidence ID number of contributing ral political committee. le of Employer occupat Physici eipt For: Aggrega	02906	M " M / D D / Y " Y " Y " Y
Cleveland OH 44124-1063 Amount of Each Re FEC ID number of contributing federal political committee. Name of Employer Case Western Res University Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm 404 EMG Laboratory City State Zip Code MA 01841-2838 FEC ID number of contributing federal political committee. Name of Employer Tufts University School of Medicine Receipt For: Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 33 Amount of Each Re C	Name (Last, First, Middle Initial) Robert L. Ruff ng Address 935 Richmond Rd	0 0 0 0 0 0 0	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Tull Name (Last, First, Middle Initial) Dr. Drasko Simovic Mailing Address 50 Prospect St Rm 404 EMG Laboratory City State Zip Code Lawrence MA 01841-2838 FEC ID number of contributing federal political committee. Name of Employer Tufts University School of Medicine Receipt For: Occupation Physician Aggregate Year-to-Date Final Name (Last, First, Middle Initial) Date of Receipt M M O 1841-2838 Transaction ID: 33 Amount of Each Re Aggregate Year-to-Date	veland OH ID number of contributing ral political committee. The of Employer e Western Res Universitiept For: Aggregation	44124-1063	Amount of Each Receipt this Period 500.00
City State Zip Code Transaction ID: 33 Lawrence MA 01841-2838 Amount of Each Re FEC ID number of contributing federal political committee. Name of Employer Tufts University School of Medicine Receipt For: Primary General State Zip Code Transaction ID: 33 Amount of Each Re C	Other (specify) ▼ Name (Last, First, Middle Initial) Drasko Simovic ng Address 50 Prospect St Rm 404	500.00	M M / D D / Y Y Y Y
of Medicine Receipt For: Primary Aggregate Year-to-Date Primary General	State Wrence MA ID number of contributing	•	Transaction ID: 33446999 Amount of Each Receipt this Period 500.00
Other (specify) ▼ 500.00	edicine Priysici eipt For: Aggrega Primary General	1	
SUBTOTAL of Receipts This Page (optional)	TAL of Receipts This Page (optional)		1250.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 92 (check only one) X
or for	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) American Academy of Neurology Brai	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	imerican Academy of Neurology Brai	MPAC		<u></u>
. <u>D</u>	ull Name (Last, First, Middle Initial) r. Edward F. Good			Date of Receipt
IV	lailing Address 3229 Preston Hollow F	40		06 13 2011
	ity	State	Zip Code	Transaction ID: 33447001
<u> </u>	ort Worth	TX	76109-2052	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
_	ame of Employer letired	Occupatio Neurolog		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) rr. Elliott G. Gross			Date of Receipt
M	lailing Address 65 Horseshoe Hill Rd			M M / D D / Y Y Y Y Y Y A D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 33447005
<u>P</u>	Pound Ridge	NY	10576-1636	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N S	ame of Employer elf	Occupatio Neurolog		
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	ull Name (Last, First, Middle Initial) rr. Joel M. Dean			Date of Receipt
M	lailing Address 1060 Orchard Ave Uni	it G		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 33447014
	Grand Junction	CO	81501-2997	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
_	ame of Employer community Health Providers	Occupatio Physicia	n	
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
	BTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 92 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	ne name and add	not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sajjan K. Nemani Mailing Address 1054 M L King Dr Ste	e 124		Date of Receipt 0 6 1 4 2 0 1 1
City	State	Zip Code	Transaction ID: 33447023
<u>Centralia</u>	IL	62801-3065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	_ 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary L. Stanton Mailing Address 131 Old Road To 9 A	cre Cor Ste 6	00	Date of Receipt
			06 14 2011
City	State	Zip Code	Transaction ID: 33447752
Concord FEC ID number of contributing federal political committee.	C	01742-4191	Amount of Each Receipt this Period 400.00
Name of Employer Emerson Hospital	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Jennifer J. Majersik			Date of Receipt
Mailing Address 175 N Medical Center 3rd Floor	r Drive		0 6 1 5 Y Y Y Y Y Y
City <u>Salt Lake City</u>	State UT	Zip Code 84132-5901	Transaction ID: 33449565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Utah	Occupation Neurolog		
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 65 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be so le name and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	uinPAC		
	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
	Mailing Address 3141 Neille Lane	Charles 7in (Dada.	06 15 2011
	City Twinsburg	State Zip 0 OH 4408		Transaction ID: 33453316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Children's Hospital and Med. Center of Receipt For:	Occupation Physician Aggregate Year-to-I	Data ¥	
	Primary General Other (specify) ▼	Aggregate rear-to-t	900.00	
	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
	Mailing Address 9235 NW 26th Avenu	ie		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip (Code	Transaction ID: 33453321
	Gainesville	FL 3260	06-9180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		89.00
	Name of Employer Univ. of FL Dept. of Neur- ology	Occupation Behavioral Neuro	ology	
	Receipt For:	Aggregate Year-to-D	Date ▼	
	Primary General Other (specify) ▼	0 0 0	1064.00	
_	Full Name (Last, First, Middle Initial) Dr. James M. Gilchrist			Date of Receipt
	Mailing Address 586 Old Westport Ro			0 6 1 5 2 0 1 1
	City	State Zip (Code	Transaction ID: 33453325
	North Dartmouth	MA 027	47-2383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Neurology Foundation	Occupation Neurologist		
	Receipt For:	Aggregate Year-to-D	Date ▼	
	Primary General Other (specify) ▼		250.00	
Г		I		364.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66/92 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology Bi	rainPAC		
Full Name (Last, First, Middle Initial) Dr. William S. Gilmer			Date of Receipt
Mailing Address 2323 Dunstan Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State TX	Zip Code 77005-2613	Transaction ID: 33453331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77003 2013	85.00
Name of Employer Self	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz			Date of Receipt
Mailing Address 78 Lac Kine Drive			0 6 1 5 Y Y Y Y Y
City	State NY	Zip Code	Transaction ID: 33453376
Rochester FEC ID number of contributing federal political committee.	C	14618	Amount of Each Receipt this Period 250.00
Name of Employer University of Rochester	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alexander Krob			Date of Receipt
Mailing Address 2211 NE 139th St			0 6 1 5 2 0 1 1
City Vancouver	State WA	Zip Code 98686-2742	Transaction ID: 33453378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000-2742	111.00
Name of Employer Dept of Neurology Unc Hos- pitals	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.00	
SUBTOTAL of Receipts This Page (optional			446.00

A		for each category of the Detailed Summary Page	(check only one) X 11a
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Neurology Bra	ainPAC	
۸.	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis	1	Date of Receipt
	Mailing Address 806 Timber Hill Road	1	06 / 15 / 2011
	City	State Zip Code	Transaction ID: 33453381
	Highland Park	IL 60035-5121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	111.00
	Name of Employer Rush Univ. Med. Ctr.	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	333.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi		Date of Receipt
	Mailing Address 2741 Belgrave Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 33453395
	Pepper Pike	OH 44124-4601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Parma Neurology	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
_	Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner		Date of Receipt
	Mailing Address 7994 Everglades Driv	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 33453397
	Manlius	NY 13104-8501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SUNY Upstate Medical Univ- ersity	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)		461.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 92 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports anor for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology Br	d Statements may not be sold or used by any personante name and address of any political committee to cainPAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor		Date of Receipt
Mailing Address 4229 NE 33rd St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33453402
Seattle	WA 98105-5354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	118.00
Name of Employer Virginia Mason Medical Ce- nter	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	
Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar		Date of Receipt
Mailing Address 127 Brookview Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33453407
<u>Fairfield</u>	CT 06825-1867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Associated Neurologists of So. Ct.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt
Mailing Address 136 Covey Chase		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33454139
Tuscaloosa	AL 35406-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
		318.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Repo	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 92 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Academy of Neurolo	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William J. Hamilton Mailing Address 3910 McGrego		Date of Receipt
		06 22 2011
City	State Zip Code	Transaction ID: 33484981
Mobile FEC ID number of contributing federal political committee.	AL 36608-1809	Amount of Each Receipt this Period 250.00
Name of Employer Volunteer	Occupation Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee		Date of Receipt
Mailing Address 1199 Sennebed	c Road	0 6 2 8 2 0 1 1
City	State Zip Code	Transaction ID: 33485229
Union FEC ID number of contributing federal political committee.	ME 04862-4628	Amount of Each Receipt this Period 100.00
Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskoge	e Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33485243
<u>Des Moines</u>	IA 50312-1426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (or	otional)	450.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 70 / 92 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Bryan Soronson Mailing Address 10 Leicester Ct 0 4 21 2011 City State Zip Code Transaction ID: 33620708 Owings Mills MD 21117-1264 Amount of Each Receipt this Period FEC ID number of contributing 0.00 C federal political committee. Name of Employer Univ. MD Dept. Neurology Occupation Administrator Receipt For: Aggregate Year-to-Date [MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This cha-nges the YTD Total to \$10-0.00 Primary General 100.00 Other (specify)

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SUBTOTAL of Receipts This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	<u> </u>	95072.00

IT		rm 3X)	Use sepa	arate schedule(s)		OR LINE	-	••	_ ' /	GE 7		
	EMIZED DISBURSEN	MENTS	for each	category of the Summary Page		check onl 21b 27	y one) 22 28a	X 23 28b	24 28c	25]2
	/ Information copied from such Re or commercial purposes, other th											
	NAME OF COMMITTEE (In Full American Academy of Neur)		, μ							···	
<u> </u>	Full Name (Last, First, Middle Ini America's New Majority	tial)						action ID: f Disburser		152		
	Mailing Address 228 S. Wa Suite 115	ashington Stree	t				0 1 N	/ Do	D / Y	ž 0	1 1 Y	
	City Alexandria		State VA	Zip Code 22314			Amour	nt of Each I	Disburse			rioc
	Purpose of Disbursement Leadership PAC					11				2500	.00	
	Candidate Name Office Sought: House	Dialarma				egory/ ype						
	Senate President		ment For: Primary Other (spe	General ecify) ▼			Leade	rship PA(
	State: District: Full Name (Last, First, Middle Ini Mccollum For Congress	tial)						action ID: f Disburser		060		
	Mailing Address P.O. Box	14131					M N			ž 0	1 1 Y	
	City St. Paul		State MN	Zip Code 55114			Amour	nt of Each I	Disburse	ment th	ns Per	io
					0	11	Amour	nt of Each [Disburse	ment th		rio
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum				Cate	11 egory/ ype	Amour	nt of Each [Disburse			rio
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President	Disburse		2012 X General	Cate	egory/		nt of Each I		1000		rio
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04 Full Name (Last, First, Middle Ini	Disburse	ment For: Primary	2012 X General	Cate	egory/	Campa	aign Cont	ribution	1000		rio
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04 Full Name (Last, First, Middle Ini Vine PAC	Disburse tial)	ment For: Primary Other (spe	2012 X General	Cate	egory/	Campa	aign Cont	ributior 32901 ment	1000 1		
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04 Full Name (Last, First, Middle Ini Vine PAC Mailing Address Suite 603 City	Disburse tial) achusetts Aven	ment For: Primary Other (spe	2012 X General ecify) ▼	Cate	egory/	Transa Date o	aign Cont	32901 ment	1000 1 328 Ž 0	.00 1 1 1]
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04 Full Name (Last, First, Middle Ini Vine PAC Mailing Address 236 Mass. Suite 603 City Washington Purpose of Disbursement	Disburse tial) achusetts Aven	ment For: Primary Other (spe	2012	Cate Ty	egory/ ype	Transa Date o	aign Cont	32901 ment	1000 1 328 Ž 0	.00]
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04 Full Name (Last, First, Middle Ini Vine PAC Mailing Address 236 Mass. Suite 603 City Washington	Disburse tial) achusetts Aven	ment For: Primary Other (spe	2012 X General ecify) ▼	Cate Ty	egory/ ype 11 egory/	Transa Date o	aign Cont	32901 ment	1000 1 328 Ž 0 ment th	.00]
	St. Paul Purpose of Disbursement Campaign Contribution Candidate Name Rep. Betty McCollum Office Sought: X House Senate President State: MN District: 04 Full Name (Last, First, Middle Ini Vine PAC Mailing Address Suite 603 City Washington Purpose of Disbursement Leadership PAC	Disburse tial) achusetts Aven	ment For: Primary Other (spe	2012 X General ecify) ▼ Zip Code 20002	Cate Ty	egory/ ype	Transa Date o	aign Cont	32901 ment 6 / Disburse	1000 1 328 Ž 0 ment th	.00]

CHEDULE B (FEC Form 3X)		arate schedule(s) category of the				NUMBE y one)	R:			PAGE	72 /	92	
EMIZED DISBURSEMENTS		Summary Page		27		22 28a	X	23 28b		24 28c	25 29		
ny Information copied from such Reports and State for commercial purposes, other than using the nan													
NAME OF COMMITTEE (In Full)	ne and addre	ss of any political	COII	millee	10 50	ilicit coriti	ibuti	0115 110	JIII Su	CII COIII	muee		
American Academy of Neurology BrainPA	AC												
Full Name (Last, First, Middle Initial) Michael Burgess For Congress						Date of	of Di	sburse	ement				
Mailing Address PO Box 2334						0 ^M 2	M	1	4	Y 2	ž 0 1 1	1	
City Denton	State TX	Zip Code 76202				Amou	int of	Each	Disbu	urseme	nt this I	Perio	
Purpose of Disbursement	Campaign Contribution Candidate Name									1(00.00)	
				011	.,								
Rep. Michael C. Burgess, M.D.				ategory Type	′								
Office Sought: X House Disburs Senate President	ement For: Primary Other (spe	2012 X General				Camp	oaig	n Cor	ntribu	ition			
State: TX District: 26	outlook (opt	 , ↓											
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	32	96917	5		
Kevin Mccarthy For Congress							_	sburse					
Mailing Address PO Box 12667						0 2	M	1	5	2	ž 0 1 1	1 Y	
City	State Zip Code						Amount of Each Disbursement this Period						
Bakersfield Purpose of Disbursement										10	00.00)	
Campaign Contribution				011			-						
Candidate Name				ategory	/								
Rep. Kevin McCarthy		0010		Туре									
Office Sought: X House Disburs Senate President	Primary Other (spe	2012 X General ecify) ▼				Camp	aig	n Cor	ntribu	ition			
State: CA District: 22		· 											
Full Name (Last, First, Middle Initial) National Republican Senatorial Committee								sburse	ement	00651	0		
Mailing Address Ronald Reagan Republi 425 2nd Street NE	can Cente	r				0 2	M	^D 2	4	Y	ž 0 1 1	1	
City Washington	State DC	Zip Code 2000				Amou	int of	Each	Disbu	urseme	nt this I	Perio	
Purpose of Disbursement National Party Contribution		011 Category/ Type			7	L.				50	00.00)	
Candidate Name					/								
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General ecify) ▼				Nation on	nal I	Party	Conf	tributi-			
State: District:		<i>31</i> / ▼											
<u>'</u>							-			70	00.00	_	
SUBTOTAL of Disbursements This Page (optional)										711		1	

Henderson Purpose of Disbursement Campaign Contribution Candidate Name Rep. Dean Heller Office Sought:	•		separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Heller For Congress Mailing Address PO Box 531086 City State Zip Cade NV 39053 Purpose of Disbursement Campaign Contribution State: NV District: 02 Full Name (Last, First, Middle Initial) Volunteers For Shimkus Mailing Address PO Box 661 City State Zip Cade NV 39053 President State: NV District: 02 Full Name (Last, First, Middle Initial) Volunteers For Shimkus Office Sought: X House Senate Primary X General Candidate Name Rep. John M. Shimkus Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Volunteers For Shimkus Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Volunteers For Shimkus Office Sought: X House President State: IL District: 19 Full Name (Last, First, Middle Initial) Office Sought: X House President State: IL District: 19 Full Name (Last, First, Middle Initial) Office Sought: X House President Number Allone, Number A	TEMIZED DISBURS	SEMENTS for ea		21b	22 X 23 24 25
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or for commercial purposes, other than using the name	and address of any political	I committee to so	olicit contributions from such committee
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American Academy of Neurology BrainPA	AC													
Full Name (Last, First, Middle Initial) Paul Broun Committee					Transaction ID: 33447716 Date of Disbursement									
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