

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Academy of Neurology Professional Association BrainPAC

ADDRESS (number and street) 1501 M St. NW Seventh Floor Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Electronically Filed by Mr. Timothy J. Engel Date 04 08 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row. Office Use Only. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		34121.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	34121.00									
(c) Total Receipts (from Line 19)	30499.00	30499.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64620.00	64620.00								
7. Total Disbursements (from Line 31)	3000.00	3000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61620.00	61620.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26524.00	26524.00
(i) Itemized (use Schedule A)	3975.00	3975.00
(ii) Unitemized	30499.00	30499.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30499.00	30499.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30499.00	30499.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30499.00	30499.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

DETAILED SUMMARY PAGE
of Disbursements

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	30499.00	30499.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30499.00	30499.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Lindsey Lee Lair

Mailing Address 139 E 33rd St Apt 14H

City State Zip Code
New York NY 10016-5325

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NYU Medical Ctr Tisch Hos- Physician
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	8

Transaction ID: 27128571

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard D. Brower

Mailing Address 1000 Madeline Drive

City State Zip Code
El Paso TX 79902-2408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Texas Tech University HSC Physician
Dept. of Neu

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	8

Transaction ID: 27132219

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Eugene May

Mailing Address 1919 Fairmount Ave SW

City State Zip Code
Seattle WA 98126-2075

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Neuro-ophthalmic Consultan- Physician
ts Northwest

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: 27135295

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 7 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Kantor

Mailing Address 221 Stellar Ct

City State Zip Code
Ponte Vedra Beach FL 32082-4040

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
U of FL Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: 27135301

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry Charleston, IV

Mailing Address 4045 Linkwood Dr Apt 721

City State Zip Code
Houston TX 77025-6007

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baylor College of Medicine Physician Resident

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: 27135306

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. James K. Sheffield

Mailing Address 3311 Georgetown St.

City State Zip Code
Houston TX 77005-2907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Memorial Hermann Health Network Provid System Executive for Clinical Integrat

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: 27135308

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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 8 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Linda A. Hershey

Mailing Address 367 Lebrun Rd

City Amherst State NY Zip Code 14226-4130

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

Name of Employer VAMC & U at Buffalo Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2008
Transaction ID: 27141599
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lora J. McGill

Mailing Address 7608 Shady Rose Cv

City Memphis State TN Zip Code 38119-9109

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

Name of Employer CNS Healthcare--Memphis, TN Research C Occupation Physician Investigator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2008
Transaction ID: 27141600
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Meril S. Platzer

Mailing Address 28404 Foothill Dr

City Agoura State CA Zip Code 91301-2242

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2008
Transaction ID: 27145901
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Terri Postma		Date of Receipt MM / DD / YYYY 01 / 17 / 2008		
	Mailing Address 1700 Headley Grn		Transaction ID: 27147215		
	City Lexington	State KY	Zip Code 40504-2399	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer U of KY	Occupation Chief Physician Resident			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mr. Mike Amery		Date of Receipt MM / DD / YYYY 01 / 18 / 2008		
	Mailing Address 20308 Trolley Crossing Ct.		Transaction ID: 27148032		
	City Montgomery Village	State MD	Zip Code 20886-5838	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Academy of Neurology, P.A.	Occupation Legislative Counsel, Federal Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Mr. Rod Larson		Date of Receipt MM / DD / YYYY 01 / 24 / 2008		
	Mailing Address 4418 Xerxes Avenue South		Transaction ID: 27175474		
	City Minneapolis	State MN	Zip Code 55410-1417	Amount of Each Receipt this Period 173.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Academy of Neurology & AANPA	Occupation Deputy Exec. Director, Center for Heal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1423.00
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 10 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Joel M. Kaufman

Mailing Address 6 Fenimore Road

City State Zip Code
Worcester MA 01609-1711

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

Name of Employer Lifespan Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27218732

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 806 Timber Hill Road

City State Zip Code
Highland Park IL 60035-5121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27220520

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Daniel B. Hier

Mailing Address 1801 W. Taylor Street, Neurosci. C

City State Zip Code
Chicago IL 60612-4319

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

Name of Employer University of IL at Chicago Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2008

Transaction ID: 27231406

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 11 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

A.

Full Name (Last, First, Middle Initial)
Dr. Stacy A. Rudnicki

Mailing Address 236 Kingsrow Drive

City State Zip Code
Little Rock AR 72207-4117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 27251271

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 48 W. 68th St. #9C

City State Zip Code
New York NY 10023-6015

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

Name of Employer Riverfront Medical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1001.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 27314834

Amount of Each Receipt this Period
1001.00

C.

Full Name (Last, First, Middle Initial)
Dr. Catherine A. Zahn

Mailing Address 214 Walmer Rd.

City State Zip Code
Toronto ON M5R 3-R7

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

Name of Employer Toronto Western Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 27350068

Amount of Each Receipt this Period
1000.00

Dr. Zahn is a US Citizen

SUBTOTAL of Receipts This Page (optional) ► **3001.00**

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 12 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. William Gaya		Date of Receipt	
	Mailing Address 1950 SW 40th Place		M M / D D / Y Y Y Y Y 03 / 04 / 2008	
	City	State	Zip Code	Transaction ID: 27371238
	Ocala	FL	34471-0148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Ocala Neurodiagnostic Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Mrs. Mary Post		Date of Receipt	
	Mailing Address 15929 Crane Street		M M / D D / Y Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	Transaction ID: 27371377
	Andover	MN	55304-4595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer American Academy of Neurology		Occupation Deputy Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Joseph Kass		Date of Receipt	
	Mailing Address 4929 Valerie Street		M M / D D / Y Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	Transaction ID: 27371692
	Bellaire	TX	77401-5707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Baylor College of Medicine		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 13 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Anna D. Hohler

Mailing Address 58 Morton St

City State Zip Code
Needham MA 02494-1204

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

Name of Employer Occupation
BUMC Dept. of Neurology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 27371698

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Anthony G. Alessi

Mailing Address 269 Broadway

City State Zip Code
Norwich CT 06360-3526

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

Name of Employer Occupation
NeuroDiagnostics LLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 27371702

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. James C. Stevens

Mailing Address 12112 Aboite Center Road

City State Zip Code
Fort Wayne IN 46814-9528

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

Name of Employer Occupation
Lutheran Medical Office II Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: 27371709

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 14 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Lynne P. Taylor

Mailing Address 4229 NE 33rd Street

City State Zip Code
Seattle WA 98105-5354

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

Name of Employer Occupation
Virginia Mason Medical Center Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Transaction ID: 27378402

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel C. Potts

Mailing Address 3012 Yorktown Drive

City State Zip Code
Tuscaloosa AL 35406-2713

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

Name of Employer Occupation
AL Neurology and Sleep Medicine, P.C. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Transaction ID: 27378404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gloria Galloway

Mailing Address 4184 Baughman Grant

City State Zip Code
New Albany OH 43054-0054

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

Name of Employer Occupation
Nationwide Children's Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 27415046

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Glen R. Finney

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2008

Transaction ID: 27415052

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Harper

Mailing Address 4258 Horloeshter Ct.

City Mobile State AL Zip Code 36608-2859

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

Name of Employer Neurology: Child and Adult, P.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2008

Transaction ID: 27415054

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Meril S. Platzer

Mailing Address 28404 Foothill Dr

City Agoura State CA Zip Code 91301-2242

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2008

Transaction ID: 27415055

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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 16 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. David R. Greeley

Mailing Address 1125 E 27th Ave

City State Zip Code
Spokane WA 99203-3348

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

Name of Employer Northwest Neurological Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493525

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel C. Potts

Mailing Address 3012 Yorktown Drive

City State Zip Code
Tuscaloosa AL 35406-2713

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

Name of Employer AL Neurology and Sleep Medicine, P.C. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2008

Transaction ID: 27493934

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terri Postma

Mailing Address 1700 Headley Grn

City State Zip Code
Lexington KY 40504-2399

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

Name of Employer U of KY Occupation Chief Physician Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2008

Transaction ID: 27496614

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	26524.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield St #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General Electio</p>	<p>Transaction ID: 27413026 Date of Disbursement 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Political Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General Electio</p>	<p>Transaction ID: 27540865 Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Political Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008</p> <p>Mailing Address 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 General Electio</p>	<p>Transaction ID: 27573288 Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Political Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00