FEC FORM 3X	AN	PORT OI D DISBU Other Than An	RSEM	ENTS	ee	0	ffice Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILING LA	=//0	mple:If typing the lines	ı, type		
	r of Neurology Pr	ofessional Associa	tion BrainPAC				
ADDRESS (number and	street)	01 M St. NW					
Check if differ than previously reported. (ACC	ent L	ashington					20005
2. FEC IDENTIFICAT	ION NUMBER	▼			S	TATE 🛋	ZIPCODE
C00435933			3. IS THIS REPORT		NEW (N) OR	AMEN (A)	NDED
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) Ilid-Year on-election	(d) 30-Day Post -Elec Report for t	on he:		12C)	Aug 20 Sep 20 Oct 20 General (120 Special (120 Runoff (30R	Year Only) (M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) G) in the State of
5. Covering Period	0 1	0 1 2 0 0 and to the best of		through and belief it is	0 3 true, correct a		2008
Type or Print Name of T	reasurer <u>M</u>	lr. Timothy J. Enge					
Signature of Treasurer	Electronically I	Filed by Mr. Tim	othy J. Engel		Da	ate 04	08 2008
NOTE : Submission of f	alse, erroneous,	or incomplete infor	mation may sub	oject the pers	on signing this	Report to the pe	nalties of 2 U.S.C 437g.
Office Use Only							FEC FORM 3X (Rev. 12/2004)

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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	D D Y Y W Y 01 2008	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž00Š ^{Y Y}		34121.00
	(b) Cash on Hand at Begining 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

FE6AN026

Image# 28931070699

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3
W	rite or Type Committee Name American Academy of Neurology Profess	ional Association BrainPAC	
R	eport Covering the Period: From:	01 2008	To:
	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 (i) Itemized (use Schedule A) 	26524.00	26524.00
	(ii) Unitemized	3975.00	
	(iii) TOTAL (add Lines 11(a)(i) and (ii) >	30499.00	30499.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	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

Image# 28931070700

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(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
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees		
and Other Political Committees	3000.00	3000.00
(use Schedule E) 5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 8. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees (b) 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
9. Other Disbursements	0.00	0.00
 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
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3000.00	3000.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3000.00	3000.00

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DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		
	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

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		Г		FOR LINE NUMBER: PAGE 6/17	
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
_			Detailed Guillinary Fage	13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may re name and addr	not be sold or used by any perso ess 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 Prof	fessional Asso	ciation BrainPAC		
A.	Full Name (Last, First, Middle Initial) Dr. Lindsey Lee Lair			Date of Receipt	
	Mailing Address 139 E 33rd St Apt 14F	Η		M M / D D / Y	
	City	State	Zip Code	Transaction ID: 27128571	
	New York	NY	10016-5325	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer	Occupation		_	
	NYU Medical Ctr Tisch Hos- pital	Physician			
	Receipt For:	Aggregate \	lear-to-Date ▼		
	Primary General		1000.00	1	
_	Other (specify)	0 0			
в.	Full Name (Last, First, Middle Initial) Dr. Richard D. Brower			Date of Receipt	
в.	Mailing Address 1000 Madeline Drive			M M / D D / Y Y Y Y	
	-			01 15 2008	
	City	State	Zip Code	Transaction ID: 27132219	
	El Paso	TX	79902-2408	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Texas Tech University HSC	Occupation			
	Dept. of Neu	Physician			
	Receipt For: Primary General	Aggregate Y	lear-to-Date ▼		
	Other (specify) ▼	0 0	1000.00		
- C.	Full Name (Last, First, Middle Initial) Dr. Eugene May			Date of Receipt	
0.	Mailing Address 1919 Fairmount Ave S	SW			
				01 16 2008	
	City	State	Zip Code	Transaction ID: 27135295	
	Seattle	WA	98126-2075	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Neuro-opthalmic Consultan-	Occupation			
	ts Northwest	Physician			
	Receipt For:	Aggregate Y	rear-to-Date		
	Other (specify)	0 0	1000.00		
	SUBTOTAL of Receipts This Page (optional)			3000.00	
ŀ					
	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)				
	or for commercial purposes, other than using th	In y information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so					
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	fessional Association BrainPAC					
А.	Full Name (Last, First, Middle Initial) Dr. Daniel Kantor		Date of Receipt				
	Mailing Address 221 Stellar Ct		01 / D D / Y Y Y Y 01 16 2008				
	City	State Zip Code	Transaction ID: 27135301				
	Ponte Vedra Beach	FL 32082-4040	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	1000.00				
	Name of Employer U of FL	Occupation Physician					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	1000.00					
В.	Full Name (Last, First, Middle Initial) Dr. Larry Charleston, IV		Date of Receipt				
	Mailing Address 4045 Linkwood Dr Ap	t 721	01 / Y Y Y Y 01 / 16 / 2008				
	City	State Zip Code	Transaction ID: 27135306				
	Houston	TX 77025-6007	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C					
	Name of Employer Baylor College of Medicine	Occupation Physician Resident					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	1000.00					
C.	Full Name (Last, First, Middle Initial) Dr. James K. Sheffield	J	Date of Receipt				
	Mailing Address 3311 Georgetown St.		01 / D D / Y Y Y Y 01 16 2008				
	City	State Zip Code	Transaction ID: 27135308				
	Houston	TX 77005-2907	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		1000.00				
	Name of Employer Memorial Hermann Health Network Provid	Occupation System Executive for Clinical Integr	rat				
	Receipt For: Primary General	Aggregate Year-to-Date V					
	Other (specify) ▼	1000.00					
	SUBTOTAL of Receipts This Page (optional) .	•	3000.00				
	TOTAL This Period (last page this line numbe	r only)	•				

SCHEDULE A (FEC Form 3X)	112	FOR LINE NUMBER: PAGE 8 / 17			
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by ar a name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
American Academy of Neurology Prof	essional Association BrainPAC				
Full Name (Last, First, Middle Initial) Dr. Linda A. Hershey					
Mailing Address 367 Lebrun Rd		0 1 / D D / Y Y Y Y 2 0 0 8			
City	State Zip Code	Transaction ID: 27141599			
Amherst	NY 14226-4130	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer VAMC & U at Buffalo	Occupation Physician				
Receipt For:	Aggregate Year-to-Date V				
Primary General					
Other (specify)	1000.				
Full Name (Last, First, Middle Initial) Dr. Lora J. McGill		Date of Receipt			
Mailing Address 7608 Shady Rose Cv		M M / D D / Y Y Y Y 01 11 2008			
City	State Zip Code	Transaction ID: 27141600			
Memphis	TN 38119-9109	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer CNS HealthcareMemphis,	Occupation				
TN Research C	Physician Investigator				
Receipt For:	Aggregate Year-to-Date				
Other (specify)	250.	00			
Full Name (Last, First, Middle Initial) Dr. Meril S. Platzer		Date of Receipt			
Mailing Address 28404 Foothill Dr		M M / D D / Y Y Y Y 01 17 2008			
City	State Zip Code	Transaction ID: 27145901			
Agoura	CA 91301-2242	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:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.	00			
	0 0 0 0 0 0 0	0 0			
SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1500.00			

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/17				
I		for each category of the	(check only one)				
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	Any information copied from such Reports and Si or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so					
	American Academy of Neurology Profe	essional Association BrainPAC					
Α.	Full Name (Last, First, Middle Initial) Dr. Terri Postma		Date of Receipt				
	Mailing Address 1700 Headley Grn		0 1 / D D / Y Y Y Y 0 1 7 / 2 0 0 8				
	City	State Zip Code	Transaction ID: 27147215				
	Lexington	KY 40504-2399	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer U of KY	Occupation Chief Physician Resident					
	Receipt For:	Aggregate Year-to-Date V	-				
	Primary General	250.00					
_	Other (specify) ▼						
В.	Full Name (Last, First, Middle Initial) Mr. Mike Amery		Date of Receipt				
	Mailing Address 20308 Trolley Crossing	ı Ct.	M M / D D / Y Y Y Y 01 18 2008				
	City	State Zip Code	Transaction ID: 27148032				
	Montgomery Village	MD 20886-5838	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, P.A.	Occupation Legislative Counsel, Federal Affairs					
	Receipt For:	Aggregate Year-to-Date 🔻	-				
	Primary General Other (specify) ▼	1000.00					
– C.	Full Name (Last, First, Middle Initial) Mr. Rod Larson		Date of Receipt				
•	Mailing Address 4418 Xerxes Avenue S	outh	01 24 2008				
	City	State Zip Code	Transaction ID: 27175474				
	Minneapolis	MN 55410-1417	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	173.00				
	Name of Employer American Academy of Neuro-	Occupation	1				
	logy & AANPA Receipt For:	Deputy Exec. Director, Center for Heal	-				
	Primary General	Aggregate Year-to-Date					
	Other (specify)	250.00					
ſ	SUBTOTAL of Receipts This Page (optional)		1423.00				
F	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 17 (check only one)		
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			Detailed Summary Page			
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	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Academy of Neurology Prof	fessional As	sociation BrainPAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman					
~ .	Mailing Address 6 Fenimore Road			Date of Receipt		
				01 29 2008		
	City	State	Zip Code	Transaction ID: 27218732		
	Worcester	MA	01609-1711	Amount of Each Receipt this Period		
	FEC ID number of contributing			1000.00		
	federal political committee.	С		1000.00		
	Name of Employer	Occupatio		-		
	Lifespan	Physicia				
	Receipt For:		e Year-to-Date V			
	Primary General	Aggregate		1		
	Other (specify) ▼		1000.00			
				1		
-	Full Name (Last, First, Middle Initial)					
В.	Dr. Steven L. Lewis			Date of Receipt		
	Mailing Address 806 Timber Hill Road					
	0.4	Chata	Zia Orde	01 30 2008		
	City Highland Park	State	Zip Code	Transaction ID: 27220520		
		IL	60035-5121	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Rush Univ. Med. Ctr.	Occupatio				
		Physicia				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Primary General		1000.00			
	Other (specify)	0 0	0 0 0 0 0 0 0	1		
-	Full Name (Last, First, Middle Initial)	1				
C.	Dr. Daniel B. Hier			Date of Receipt		
	Mailing Address 1801 W. Taylor Street	t, Neurosci. (C	M M / D D / Y Y Y Y		
	-	<u> </u>		02 02 2008		
	City	State	Zip Code	Transaction ID: 27231406		
	Chicago	IL	60612-4319	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		1000.00		
	Name of Employer University of IL at Chica-	Occupatio				
	go	Physicia	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Primary General		1000.00	1		
	Other (specify)			1		
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City State Zip Code Little Rock AR 72207-4117 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perior Name of Employer Occupation Physician Receipt For: Primary General Dr. Nitey R. Shah Aggregate Year to Date Image: Committee. B. Full Name (Last, First, Middle Initial) Date of Receipt Dr. Nitey R. Shah Date of Receipt Image: Committee. Receipt For: Primary General C Other (specify) C Image: Committee. Image: Committee. Primary General C Image: Committee. Primary General C Image: Committee. Primary General C Image: Committee. Primary General Cocupation Image: Committee. Primary General Cocupation Image: Committee. Primary General Cocupation Image: Committee. C. Primary General Cocupation Mailing Address 214 Walmer Rd. Image: Cocupation Primary General Cocupation Primary General Cocupation	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) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1 ¹			
American Academy of Neurology Professional Association BrainPAC Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 236 Kingsrow Drive City State Zip Code Little Rock AR 2207-4112 FEC ID number of contributing C Amount of Each Receipt Its Period Name (Last, First, Middle Initial) C Anount of Each Receipt Its Period Name (Last, First, Middle Initial) C 1000.00 Other (specify) ▼ Occupation Physician Receipt For: Physician Pagregate Year-to-Date ▼ Primary General 000.00 Other (specify) ▼ State Zip Code New York NY 10023-6015 FEC ID number of contributing C Transaction ID: 27314834 Amount of Each Receipt Its Period 1001.0 Physician Physician Physician Receipt For: Physician Physician Receipt For: Occupation Physician Receipt For: Physician Physician Receipt For: Physician Physician	Any information copied from such Reports and S 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 s	n for the purpose of soliciting contributions solicit contributions from such committee.			
A. Dr. Stacy A. Rudnicki Date of Receipt Mailing Address 236 Kingsrow Drive C Image: Constraint of C		fessional Association BrainPAC				
City State Zip Code Transaction ID: 27251271 Little Rock AR 72207-4117 Amount of Each Receipt Ibs Period FEC ID number of contributing tedral political committee. C 1000.0 Name of Employee Occupation Primary General Other (specify) ♥ Aggregate Year-to-Date ♥ Image: Contributing tedral political committee. Image: Contributing tedral political committee. B. Full Name (Last, First, Middle Initial) Date of Receipt Image: Contributing tedral political committee. Image: Contributing tedral political committee. Image: Contributing tedral political committee. Primary General Occupation Physician Aggregate Year-to-Date ♥ New York NY 10023-6015 Transaction ID: 27314834 Amount of Each Receipt this Period Image: Contributing tedral political committee. Image: Contributing tedral political committee. Primary General Occupation Physician Aggregate Year-to-Date ♥ Image: Contributing tedral political committee. Primary General Occupation Aggregate Year-to-Date ♥ Image: Control tedral political committee. Image: Control tedral political committee. Image: Contransection ID: 27350068 <tr< td=""><td></td><td colspan="5"></td></tr<>						
Little Rock AR 72207-4117 FEC ID number of contributing federal political committee. C 1000.0 Name of Employer Univ. of AR Med. Ctr. Occupation Physician 1000.00 Receipt For: Occupation Primary General 0 JD. Niag R. Shah Aggregate Year-to-Date ▼ 0 Date of Receipt City State Zip Code Transaction ID: 27314834 New York NY 10023-6015 Transaction ID: 27314834 New York NY 10023-6015 Transaction ID: 27314834 Name of Employer Riverfront Medical Associ- ates Occupation Physician Occupation Physician Date of Receipt Diff Correntlo Other (specify) ▼ Occupation Physician Occupation Physician Transaction ID: 27314834 Amount of Each Receipt Ibits Committee. Occupation Physician Occupation Physician Tool 1.00 City State Zip Code ON Maling Address 214 Walmer Rd. Transaction ID: 27350068 City State Zip Code ON MSB 3-R7 Transaction ID: 27350068 Amount of Each Receipt Ibits Perioc Toron on Physician Doccupation Physician Dr. Zahn is a US Citizen </td <td>Mailing Address 236 Kingsrow Drive</td> <td></td> <td></td>	Mailing Address 236 Kingsrow Drive					
FEC ID number of contributing federal political committee. C 1000.0 Name of Employer Univ. of AR Med. Ctr. Occupation Physician 1000.00 Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 0 B Dither (specify) ▼ 1000.00 Date of Receipt 3. Full Name (Last, First, Middle Initial) Dr. Nitay R. Shah Date of Receipt Mailing Address 48 W. 68th St. #9C Transaction ID: 27/314834 New York NY 10023-6015 FEC ID number of contributing federal political committee. C Transaction ID: 27/314834 Name of Employer Riverint Medical Associ- ates Occupation Physician Aggregate Year-to-Date ▼ Name of Employer Receipt For: Occupation Physician Date of Receipt Other (specify) ▼ 1001.00 Date of Receipt Other (specify) ▼ 1001.00 Transaction ID: 27/350068 C Internet R. Zahn Date of Receipt Mailing Address 214 Walmer Rd. Internet Receipt Mis Period C Internet Receipt For: 1001.00 Transaction ID: 27/350068 C Internet Receipt For: Internet Receipt For: 1000.0						
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 B. Full Name (Last, First, Middle Initial) Dr. Nilay R, Shah Date of Receipt Mailing Address 48 W. 68th St. #9C City State Pecipt For: 000.00 Primary General OCtity State Primary General Occupation Physician Receipt For: Aggregate Year-to-Date Primary General Other (specify) Occupation Physician Aggregate Year-to-Date Receipt For: Aggregate Year-to-Date Primary General Other (specify) Occupation Physician Aggregate Year-to-Date Mailing Address 214 Walmer Rd. City State Zip Code Toronto ON MSR 3-R7 FEC ID number of contributing federal political committee. Occupation Prication Action Westlem Hospital Proceipt Name of Employeer Torontibuting federal political committee. <th>FEC ID number of contributing</th> <th></th> <th>Amount of Each Receipt this Period</th>	FEC ID number of contributing		Amount of Each Receipt this Period			
Primary General Other (specify) ▼ 1000.00 B. Full Name (Last, First, Middle Initial) Dr. Nilay R. Shah Date of Receipt 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 1001.0 Name of Employer Riverfront Medical Associates Occupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Difference C 1001.00 1001.00 Name of Employer Riverfront Medical Associates Aggregate Year-to-Date ▼ Date of Receipt Dr. Catherine A. Zahn Aggregate Year-to-Date ▼ Mount of Each Receipt Intis Period Mailing Address 214 Walmer Rd. Date of Receipt City State Zip Code Tansaction ID: 27350068 Toronto ON MSR 3-R7 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 1000.0 Name of Employee Occupation Physician Aggregate Year-to-Date ▼ <td>Name of Employer Univ. of AR Med. Ctr.</td> <td></td> <td></td>	Name of Employer Univ. of AR Med. Ctr.					
B. Dr. Nilay R. Shah Date of Receipt Mailing Address 48 W. 68th St. #9C Model of Beceipt City State Zip Code New York NY 10023-6015 FEC ID number of contributing federal political committee. C 1001.0 Name of Employer Riverfront Medical Associates Physician Receipt For: Occupation Physician Primary General Other (specify) ▼ 1001.00 FEC ID number of contributing federal political committee. Date of Receipt Other (specify) ▼ 1001.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Catherine A. Zahn Date of Receipt Mailing Address 214 Walmer Rd. City State Zip Code Toronto ON MSR 3-R7 FEC ID number of contributing federal political committee. C 1000.0 Name of Employer Rider Occupation Physician Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 1000.0 Name of Employer Rider Occupation Physician Amount of Each Receipt this Period <	Primary General	Aggregate Year-to-Date ▼				
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New York NY 10023-6015 FEC ID number of contributing federal political committee. C 1001.0 Name of Employer Riverfront Medical Associates Occupation Physician 1001.00 Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Transaction ID: 27350068 Amount of Each Receipt His Period Mount of Each Receipt 1000.0 City State Zip Code Transaction ID: 27350068 Amount of Each Receipt His Period 1000.0 Transaction ID: 27350068 Amount of Each Receipt For: Occupation Date of Receipt His Period Name of Employer Toronto ON M5B 3-B7 Amount of Each Receipt His Period Name of Employer Toronto Western Hospital Occupation Physician Date of Receipt ID: 27350068 Name of Employer Toronto Western Hospital Occupation Physician Dr. Zahn is a US Citizen Primary General Occupation Physician Dr. Zahn is a US Citizen						
FEC ID number of contributing federal political committee. C 1001.0 Name of Employer Receipt For: Occupation Physician Aggregate Year-to-Date ▼ 1001.00 Full Name (Last, First, Middle Initial) Dr. Catherine A. Zahn Date of Receipt 25 / 200 City State Zip Code Transaction ID: 27350068 Amount of Each Receipt Hor: ON M5R 3-R7 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Physician Date of Receipt this Period Name of Employer Toronto ON M5R 3-R7 Amount of Each Receipt this Period 1000.0 Name of Employer Toronto Western Hospital Physician Physician Dr. Zahn is a US Citizen	•					
Riverfront Medičal Associates Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 1001.00 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. Occupation Name of Employer Occupation Physician Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ Primary General	FEC ID number of contributing		1001.00			
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FEC ID number of contributing federal political committee. C 1000.0 Name of Employer Toronto Western Hospital Occupation Physician Physician Receipt For: Aggregate Year-to-Date ▼ Dr. Zahn is a US Citizen	•	· ·				
Toronto Western Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General	FEC ID number of contributing		Amount of Each Receipt this Period 1000.00			
Receipt For: Aggregate Year-to-Date ▼ Primary General 1000 00 Dr. Zahn is a US Citizen	Name of Employer Toronto Western Hospital		-			
		Aggregate Year-to-Date ▼	Dr. Zahn is a US Citizen			
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	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) 11a 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	on for the purpose of soliciting contributions			
	American Academy of Neurology Profe	essional As	sociation BrainPAC		
A.	Full Name (Last, First, Middle Initial) Dr. William Gaya	Date of Receipt			
	Mailing Address 1950 SW 40th Place			03 04 Y Y Y 03 04	
	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 Cen- ter	Occupatio Physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻	_	
	Primary General Other (specify) ▼	0 0	1000.00		
- В.	Full Name (Last, First, Middle Initial) Mrs. Mary Post	Date of Receipt			
	Mailing Address 15929 Crane Street	03 / D D / 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 Neuro- logy	Occupatio Deputy E	n Executive Director		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	500.00]	
- C.	Full Name (Last, First, Middle Initial) Dr. Joseph Kass			Date of Receipt	
	Mailing Address 4929 Valerie Street			03 / 05 / Y Y Y 03 05	
	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	Occupatio Physicia			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_	
	Other (specify) ▼		500.00		
ſ	SUBTOTAL of Receipts This Page (optional)			2000.00	
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 17 (check only one)		
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	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)				
	American Academy of Neurology Prof	American Academy of Neurology Professional Association BrainPAC			
A.	Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler	Date of Receipt			
	Mailing Address 58 Morton St		M M / D D / Y		
	City	State Zip Code	Transaction ID: 27371698		
	Needham	MA 02494-1204	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1000.00		
	Name of Employer BUMC Dept. of Neurology	Occupation Physician			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General Other (specify) ▼	1000.00			
- B.	Full Name (Last, First, Middle Initial) Dr. Anthony G. Alessi	Date of Receipt			
	Mailing Address 269 Broadway	M · M / D · D / Y · Y · Y · Y Y 0 3 0 5 2 0 0 8			
	City	State Zip Code	Transaction ID: 27371702		
	Norwich	CT 06360-3526	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1000.00		
	Name of Employer NeuroDiagnostics LLC	Occupation Physician			
	Receipt For:	Aggregate Year-to-Date ▼	7		
	Primary General Other (specify) ▼	1000.00			
- C.	Full Name (Last, First, Middle Initial) Dr. James C. Stevens	Date of Receipt			
	Mailing Address 12112 Aboite Center F	M · M / D · D / Y · Y · Y · Y Y 0 3 0 5 2 0 0 8			
	City	State Zip Code	Transaction ID: 27371709		
	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 Lutheran Medical Office II	Occupation Physician			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	1000.00			
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 17 (check only one) X X 11a 11b 11c 12 13 14 15		
A	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contri or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such con				
	NAME OF COMMITTEE (In Full) American Academy of Neurology Prof	essional Association BrainPAC			
Z	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor	Date of Receipt			
	Mailing Address 4229 NE 33rd Street		03 06 YYYY 03 06		
	City	State Zip Code	Transaction ID: 27378402		
	Seattle	WA 98105-5354	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1000.00		
	Name of Employer Virginia Mason Medical Ce- nter	Occupation Physician			
	Receipt For:	Aggregate Year-to-Date V			
	Other (specify)	1000.00			
_	Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts	Date of Receipt			
	Mailing Address 3012 Yorktown Drive		03 / D D / Y Y Y Y 03 06 2008		
	City	State Zip Code	Transaction ID: 27378404		
	Tuscaloosa	AL 35406-2713	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer AL Neurology and Sleep Me- dicine, P.C.	Occupation Physician			
	Receipt For:	Aggregate Year-to-Date ▼			
	Other (specify)	250.00			
	Full Name (Last, First, Middle Initial) Dr. Gloria Galloway		Date of Receipt		
	Mailing Address 4184 Baughman Grar	M M / D D / Y Y Y Y 03 11 2008			
	City	State Zip Code	Transaction ID: 27415046		
	New Albany	OH 43054-0054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1000.00		
	Name of Employer Nationwide Children's Hos- pital	Occupation Physician			
	Receipt For:	Aggregate Year-to-Date	_		
	Other (specify)	1000.00			
			2250.00		

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)	
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			,		
	American Academy of Neurology Profe	essional As	sociation BrainPAC		
	Full Name (Last, First, Middle Initial)				
Α.	Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenue	Date of Receipt			
		;		03 / D D / Y Y Y Y 03 / 06 2008	
	City	State	Zip Code	Transaction ID: 27415052	
	Gainesville	FL	32606-9180	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Univ. of FL Dept. of Neur-	Occupatio			
	ology Receipt For:	Physicia		_	
	Primary General	Aggregate	e Year-to-Date	-	
	Other (specify)	0 0	1000.00		
в.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Harper	Date of Receipt			
	Mailing Address 4258 Horloeshter Ct.	03 / D D / Y Y Y Y 03 06 2008			
	City	State	Zip Code	Transaction ID: 27415054	
	Mobile	AL	36608-2859	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Neurology: Child and Adul- t. P.C.	Occupatio Physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	1000.00]	
- C.	Full Name (Last, First, Middle Initial) Dr. Meril S. Platzer	1		Date of Receipt	
	Mailing Address 28404 Foothill Dr			M M / D D / Y Y Y Y 03 06 2008	
	City	State	Zip Code	Transaction ID: 27415055	
	Agoura	CA	91301-2242	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		750.00	
	Name of Employer Self	Occupatio Physicia			
	Receipt For:	1 1	e Year-to-Date 🔻	_	
	Primary General Other (specify) ▼	0 0	1000.00]	
ſ	SUBTOTAL of Receipts This Page (optional)	I		2750.00	
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SCHEDULE A (FEC Form 3	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 17
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Academy of Neurology	Professional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. David R. Greeley	Date of Receipt	
Mailing Address 1125 E 27th Ave		M M / D D / Y Y Y Y 03 20 2008
City	State Zip Code	Transaction ID: 27493525
<u>Spokane</u>	WA 99203-3348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Northwest Neurological	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts		Date of Receipt
Mailing Address 3012 Yorktown Dr	ive	03 23 2008
City	State Zip Code	Transaction ID: 27493934
Tuscaloosa	AL 35406-2713	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 ▼	-
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Dr. Terri Postma		Date of Receipt
Mailing Address 1700 Headley Grn	M M / D D / Y Y Y Y 03 24 2008	
City	State Zip Code	Transaction ID: 27496614
Lexington	KY 40504-2399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer U of KY	Occupation Chief Physician Resident	
	Aggregate Year-to-Date V	
Receipt For:		
Receipt For: Primary General Other (specify) ▼	750.00	
Primary General Other (specify) ▼		1600.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Neurology Profession	e and address of any political c	ommittee to sol	
Full Name (Last, First, Middle Initial) Perlmutter For Congress	Transaction ID: 27413026 Date of Disbursement $0^{M}3^{M}$ / $D^{D}13^{D}$ / $2^{V}008^{V}$		
Mailing Address 3440 Youngfield St #264			
City Wheat Ridge		Amount of Each Disbursement this Period	
Purpose of Disbursement Political Contribution	011	1000.00	
Candidate Name Rep. Edwin Perlmutter		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify) ▼ ieneral Electio		Political Contribution
Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	eneral Electio		Transaction ID: 27540865 Date of Disbursement 03^{M} / 27^{D} / 200^{V}
Mailing Address PO Box 12567			
City Columbia	State Zip Code SC 29211		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution Candidate Name Rep. James E. Clyburn		011 Category/ Type	1000.00
Senate President	ement For: 2008 Primary X General Other (specify) ▼ ieneral Electio		Political Contribution
Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008			Transaction ID: 27573288 Date of Disbursement
Mailing Address 5915 Eastman Ave. Sui		$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $	
City Midland	State Zip Code MI 48640		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	011	1000.00	
Candidate Name Rep. David Lee Camp	Category/ Type		
Senate President	ement For: 2008 Primary X General Other (specify) ▼ eneral Electio		Political Contribution
			3000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)		►	3000.00

FEC Schedule B (Form 3X) (Revised 02/2003)