

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00435933

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (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 (12S). Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 09/01/2014 through 09/30/2014

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 Mr. Timothy J. Engel [Electronically Filed] Date 10/20/2014

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 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		116379.00
(b) Cash on Hand at Beginning of Reporting Period.....	46602.72	
(c) Total Receipts (from Line 19)	17536.84	232779.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	64139.56	349158.56
7. Total Disbursements (from Line 31).....	21500.00	306519.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42639.56	42639.56
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 BrainPAC

Report Covering the Period: From: / / 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).....	12435.84	160030.88
(ii) Unitemized	5101.00	66748.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17536.84	226779.56
(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)	17536.84	226779.56
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	6000.00
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 Transfers (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))..... ▶	17536.84	232779.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17536.84	232779.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	21500.00	305250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1269.00
(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	1269.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21500.00	306519.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	306519.00

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)	17536.84	226779.56
34. Total Contribution Refunds (from Line 28(d))	0.00	1269.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17536.84	225510.56
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: (check only one)	PAGE 6 OF 30
<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 BrainPAC

A. Dr. Brett M. Kissela
Full Name (Last, First, Middle Initial)

Mailing Address 9878 Zig Zag Road

City Cincinnati State OH Zip Code 45242-6311

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

Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 01 / 2014**

Transaction ID : 37459499

Amount of Each Receipt this Period **250.00**

B. Dr. Elaine C. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 212 Bay Spring Ave

City Barrington State RI Zip Code 02806-1332

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 ▼ **1125.00**

Date of Receipt **09 / 01 / 2014**

Transaction ID : 37459500

Amount of Each Receipt this Period **375.00**

C. Dr. Waleed Hamed El-Feky
Full Name (Last, First, Middle Initial)

Mailing Address 6301 Gaston Ave Suite 400, West Tower

City Dallas State TX Zip Code 75214-3922

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

Name of Employer Texas Neurology, P.A. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 02 / 2014**

Transaction ID : 37459942

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 7 OF 30
	<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 BrainPAC

A. Dr. C Fish Greenfield
Full Name (Last, First, Middle Initial)

Mailing Address 4322 Williamsburg Rd

City Dallas State TX Zip Code 75220-1932

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

Name of Employer Texas Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 37459947

Amount of Each Receipt this Period 500.00

B. Dr. Daragh Heitzman
Full Name (Last, First, Middle Initial)

Mailing Address 6301 Gaston Ave Ste 400W
100 West Tower

City Dallas State TX Zip Code 75214-6237

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

Name of Employer Texas Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 37459949

Amount of Each Receipt this Period 500.00

C. Dr. Steven P. Herzog
Full Name (Last, First, Middle Initial)

Mailing Address 6301 Gaston Ave Ste 400
West Tower

City Dallas State TX Zip Code 75214-3922

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

Name of Employer Texas Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 37459950

Amount of Each Receipt this Period 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: (check only one)	PAGE 8 OF 30
<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 BrainPAC

A. Dr. Alan W. Martin
Full Name (Last, First, Middle Initial)
Mailing Address 3439 W Lawther Dr
City Dallas State TX Zip Code 75214-3203
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Neurology Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 37459952
Amount of Each Receipt this Period 500.00

B. Dr. Gary Tunell
Full Name (Last, First, Middle Initial)
Mailing Address 6301 Gaston Ave Ste 400 West Tower
City Dallas State TX Zip Code 75214-3922
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Neurology, P.A. Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 37459953
Amount of Each Receipt this Period 500.00

C. Dr. Eugene May
Full Name (Last, First, Middle Initial)
Mailing Address 1919 Fairmount Ave SW
City Seattle State WA Zip Code 98126-2075
FEC ID number of contributing federal political committee. **C**
Name of Employer Seattle Radiologists Occupation Neuro-ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 37459967
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 OF 30
	<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 BrainPAC

A. Dr. Sarah M. Benish
Full Name (Last, First, Middle Initial)

Mailing Address 5949 Bradbury Court

City Inver Grove Heights State MN Zip Code 55076-1597

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

Name of Employer Fairview Health Services Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014

Transaction ID : 37459978

Amount of Each Receipt this Period
250.00

B. Dr. Awais Riaz
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmescott Lane

City Salt Lake City State UT Zip Code 84124-2580

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014

Transaction ID : 37459979

Amount of Each Receipt this Period
250.00

C. Dr. Stanley J. Whitney
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee State FL Zip Code 32312-6788

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

Name of Employer Tallahassee Neurology Associates Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014

Transaction ID : 37459980

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 10 OF 30
	<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 BrainPAC

A. Dr. Steven J. Holtz
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City State Zip Code
Oakland CA 94611-1950

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

Name of Employer Occupation
John Muir Physical Ntwk Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : 37459981

Amount of Each Receipt this Period
100.00

B. Dr. Allison Brashear
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City State Zip Code
Winston Salem NC 27106-4489

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

Name of Employer Occupation
Wake Forest Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : 37459982

Amount of Each Receipt this Period
75.00

C. Dr. Allison L. Weathers
Full Name (Last, First, Middle Initial)

Mailing Address 3444 Lake St

City State Zip Code
Evanston IL 60203-1935

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

Name of Employer Occupation
RUMC RUMC Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : 37459983

Amount of Each Receipt this Period
57.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.50

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 11 OF 30
	<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 BrainPAC

A. Dr. Terrence L. Cascino
Full Name (Last, First, Middle Initial)

Mailing Address 2931 Stone Park Dr NE

City Rochester State MN Zip Code 55906-7722

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

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **09 / 10 / 2014**

Transaction ID : 37472853

Amount of Each Receipt this Period **50.00**

B. Dr. Madelyn E. Olson
Full Name (Last, First, Middle Initial)

Mailing Address 1612 NW 9th St

City Cape Coral State FL Zip Code 33993-5911

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 10 / 2014**

Transaction ID : 37484061

Amount of Each Receipt this Period **300.00**

C. Dr. Roy D. Elterman
Full Name (Last, First, Middle Initial)

Mailing Address 7777 Forest Lane Ste B116

City Dallas State TX Zip Code 75230-6805

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

Name of Employer Medical City Dallas Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 08 / 2014**

Transaction ID : 37484067

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 12 OF 30
	<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 BrainPAC

A. Dr. Jesus F. Lovera
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Cleveland Pl

City State Zip Code
Metairie LA 70003-1056

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

Name of Employer Occupation
LSU Healthcare Network NEU/NSG Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 12 / 2014
Transaction ID : 37489843

Amount of Each Receipt this Period
500.00

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

Mailing Address 12112 Aboite Center Rd

City State Zip Code
Fort Wayne IN 46814-9528

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

Name of Employer Occupation
Allied Physicians, Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
09 / 13 / 2014
Transaction ID : 37493704

Amount of Each Receipt this Period
100.00

C. Dr. Angel M. Carrasco
Full Name (Last, First, Middle Initial)

Mailing Address 29224 SW 142 Nd. PL

City State Zip Code
Homestead FL 33033-3021

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

Name of Employer Occupation
Neuroquisqueya Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 14 / 2014
Transaction ID : 37495582

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 OF 30
(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 BrainPAC

A. Dr. Alan G. Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Punchbowl St
 City Honolulu State HI Zip Code 96813-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Queen's Medical Center Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 37495628
 Amount of Each Receipt this Period 125.00

B. Dr. Michael R. Yochelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 Commander Drive
 City Hyattsville State MD Zip Code 20782-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 15 / 2014
Transaction ID : 37495630
 Amount of Each Receipt this Period 83.34

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1480.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 37495631
 Amount of Each Receipt this Period 185.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 393.34
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 14 OF 30
<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 BrainPAC

A. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 715 Kessler Woods Trail

City Dallas	State TX	Zip Code 75208-5610
----------------	-------------	------------------------

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

Name of Employer Texas Neurology	Occupation COO
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2014

Transaction ID : 37495632

Amount of Each Receipt this Period

100.00

B. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City Houston	State TX	Zip Code 77005-2613
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2014

Transaction ID : 37495633

Amount of Each Receipt this Period

85.00

C. Dr. Ralph F. Jozefowicz
Full Name (Last, First, Middle Initial)

Mailing Address 78 Lac Kine Drive

City Rochester	State NY	Zip Code 14618-5608
-------------------	-------------	------------------------

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

Name of Employer University of Rochester	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2014

Transaction ID : 37495634

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 15 OF 30
	<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 BrainPAC

A. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenaflly State NJ Zip Code 07670-1118

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 ▼ **3735.00**

Date of Receipt
09 / 15 / 2014
Transaction ID : 37495635

Amount of Each Receipt this Period
415.00

B. Dr. Gregory L. Barkley
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City Ann Arbor State MI Zip Code 48105-1435

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

Name of Employer Henry Ford Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
09 / 15 / 2014
Transaction ID : 37495636

Amount of Each Receipt this Period
100.00

c. Dr. Dario M. Zagar
Full Name (Last, First, Middle Initial)

Mailing Address 201 Fairmount Terrace

City Fairfield State CT Zip Code 06825-1758

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

Name of Employer Associated Neurologists of So. Ct. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 15 / 2014
Transaction ID : 37495637

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **565.00**

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 16 OF 30
	<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 BrainPAC

A. Dr. Jeffrey B. English
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Downwood Cir NW Ste 550

City Atlanta	State GA	Zip Code 30327-1624
-----------------	-------------	------------------------

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

Name of Employer Piedmont Hospital	Occupation Neurologist
---------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : 37496252

Amount of Each Receipt this Period
100.00

B. Dr. Carrie Landess
Full Name (Last, First, Middle Initial)

Mailing Address 16855 Ne 2nd Avenue Ste 102

City North Miami Beach	State FL	Zip Code 33162-1744
---------------------------	-------------	------------------------

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

Name of Employer Jackson Health System	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : 37512079

Amount of Each Receipt this Period
500.00

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

Mailing Address 136 Covey Chase

City Tuscaloosa	State AL	Zip Code 35406-1801
--------------------	-------------	------------------------

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

Transaction ID : 37515742

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 17 OF 30
	<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 BrainPAC

A. Dr. Constantine Moschonas
 Full Name (Last, First, Middle Initial)
 Mailing Address 8113 E Del Cuarzo Dr
 City State Zip Code
 Scottsdale AZ 85258-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Four Peaks Neurology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2014
Transaction ID : 37517893
 Amount of Each Receipt this Period
 750.00

B. Dr. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City State Zip Code
 La Crosse WI 54601-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franciscan-Skemp Healthcare Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2014
Transaction ID : 37517894
 Amount of Each Receipt this Period
 45.00

C. Dr. John W. Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9420 SE 54th Street
 City State Zip Code
 Mercer Island WA 98040-5121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swedish Neuroscience Institute Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2014
Transaction ID : 37517908
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	845.00
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 18 OF 30
<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 BrainPAC

A. Dr. Lily Jung Henson
Full Name (Last, First, Middle Initial)

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neurosci. Institute, Swedish H Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3735.00**

Date of Receipt **09 / 21 / 2014**

Transaction ID : 37517910

Amount of Each Receipt this Period **415.00**

B. Dr. Diane D. Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 42 Fairmount Dr.

City Danbury State CT Zip Code 06811-4427

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

Name of Employer Associated Neurologists Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 22 / 2014**

Transaction ID : 37520689

Amount of Each Receipt this Period **250.00**

c. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 37520919

Amount of Each Receipt this Period **82.00**

SUBTOTAL of Receipts This Page (optional)..... **747.00**

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 19 OF 30
	<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 BrainPAC

Full Name (Last, First, Middle Initial) A. Dr. Joseph S. Kass		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 37520920
Mailing Address 4903 Valerie		Amount of Each Receipt this Period 450.00
City Bellaire	State TX	Zip Code 77401-5707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Carolyn L. Taylor		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 37520922
Mailing Address 4732 Lost Creek Lane		Amount of Each Receipt this Period 100.00
City Bellingham	State WA	Zip Code 98229-2574
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul A. Rutecki		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 37521545
Mailing Address Department of Neurology 1685 Highland Avenue		Amount of Each Receipt this Period 250.00
City Madison	State WI	Zip Code 53705-2281
FEC ID number of contributing federal political committee. C		
Name of Employer Univ WI of Madison Dept Neur	Occupation Neurologist	
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).....▶	400.00
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 20 OF 30
	<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 BrainPAC

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

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 Behavioral Neurology
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : 37523183

Amount of Each Receipt this Period
84.00

B. Dr. Edward F. Good
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Baymeadow Dr

City Houston	State TX	Zip Code 77062-2707
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : 37539090

Amount of Each Receipt this Period
250.00

C. Dr. Faisal M. Qazi
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton	State CA	Zip Code 92833-2221
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FEC ID number of contributing federal political committee. **C**

Name of Employer Inland Neurologic Consultants	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : 37539114

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	419.00
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 21 OF 30
	<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 BrainPAC

A. Dr. Amy E. Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 25 / 2014
Transaction ID : 37539117

Amount of Each Receipt this Period 50.00

B. Dr. Gregory J. Esper
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

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

Name of Employer Emory Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 25 / 2014
Transaction ID : 37539118

Amount of Each Receipt this Period 56.00

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

Mailing Address 1125 E 27th Avenue

City Spokane State WA Zip Code 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 ▼ 400.00

Date of Receipt 09 / 25 / 2014
Transaction ID : 37539119

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 156.00

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 22 OF 30
<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 BrainPAC

A. Dr. Jaffar Khan
Full Name (Last, First, Middle Initial)

Mailing Address 292 Riverford Way

City Lawrenceville State GA Zip Code 30043-6416

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

Name of Employer Emory Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt **09 / 25 / 2014**

Transaction ID : 37539120

Amount of Each Receipt this Period **112.00**

B. Dr. Thomas Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Prospect Dr

City Missoula State MT Zip Code 59808-8608

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 ▼ **750.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 37539244

Amount of Each Receipt this Period **250.00**

C. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 37541871

Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional).....▶	762.00
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 23 OF 30
	<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 BrainPAC

A. Dr. Alireza Minagar
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City Shreveport State LA Zip Code 71115-4606

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

Name of Employer LA State University Health Sciences Ct Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
09 / 26 / 2014

Transaction ID : 37542156

Amount of Each Receipt this Period
56.00

B. Dr. Jay K. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 7134 S Yale Ave Ste 450

City Tulsa State OK Zip Code 74136-6380

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
09 / 29 / 2014

Transaction ID : 37542897

Amount of Each Receipt this Period
250.00

C. Dr. Jesus F. Lovera
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Cleveland Pl

City Metairie State LA Zip Code 70003-1056

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

Name of Employer LSU Healthcare Network NEU/NSG Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
09 / 12 / 2014

Transaction ID : 37611838

Amount of Each Receipt this Period
500.00

Refunded on 10/20/2014.

SUBTOTAL of Receipts This Page (optional).....▶	806.00
TOTAL This Period (last page this line number only).....▶	12435.84

**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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Braley For Iowa

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Bruce Braley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 37471476

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. Larry Bucshon MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 37471477

Amount of Each Disbursement this Period

500.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends For Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 37471478

Amount of Each Disbursement this Period

1000.00

Campaign contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

**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 BrainPAC

Full Name (Last, First, Middle Initial) A. Van Hollen For Congress		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 10537 St. Paul St.		Transaction ID : 37471479
City Kensington	State MD	
Zip Code 20895	Purpose of Disbursement Campaign contribution	Amount of Each Disbursement this Period 1500.00
Candidate Name Rep. Chris Van Hollen	Category/ Type 011	Campaign contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 08		

Full Name (Last, First, Middle Initial) B. Steve Israel For Congress Committee		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address PO Box 1400		Transaction ID : 37471480
City Melville	State NY	
Zip Code 11747	Purpose of Disbursement Campaign contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Steve J. Israel	Category/ Type 011	Campaign contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 03		

Full Name (Last, First, Middle Initial) C. Healthcare Freedom Fund		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address PO Box 2485		Transaction ID : 37471481
City Springfield	State VA	
Zip Code 22152	Purpose of Disbursement Leadership PAC contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type 011	Leadership PAC contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

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<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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 37471482

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. David McKinley

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 37472493

Amount of Each Disbursement this Period

500.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : 37472494

Amount of Each Disbursement this Period

1000.00

Campaign contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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

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<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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Kirkpatrick For Arizona

Mailing Address PO Box 12011

City State Zip Code
Casa Grande AZ 85130

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Ann Kirkpatrick

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014

Transaction ID : 37472520

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City State Zip Code
Las Vegas NV 89137

Purpose of Disbursement
Campaign contribution

Candidate Name

Dean Heller

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014

Transaction ID : 37472521

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Jan D. Schakowsky

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : 37496445

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

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Detailed Summary Page

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<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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Adrian Smith

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496446

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City State Zip Code
Hartford CT 06126

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496447

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Kinzinger For Congress

Mailing Address PO Box 2365

City State Zip Code
Ottawa IL 61350

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Adam Kinzinger

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496448

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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

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<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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496449

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496451

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1574

City State Zip Code
Gig Harbor WA 98335

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Derek Kilmer

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496454

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

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

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Detailed Summary Page

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<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 BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Bill Posey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37496456

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 37499022

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

21500.00