Image# 14951708736					PAGE 1 / 30
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	;		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT 🔻	Example: If typing over the lines.	g, type 1	2FE4M5	
American Academy of Ne	eurology BrainPAC				
ADDRESS (number and street)	401 C St NE				
Check if different than previously reported. (ACC)	Washington				20002
2. FEC IDENTIFICATION NUMB	BER V CITY		ST	ATE 🔺	
C C00435933	3. IS RE	THIS NI PORT X (N	EW I) OR	AME (A)	NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	(b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the:) (M3)	ay 20 (M5) In 20 (M6) Il 20 (M7) 2C)	Aug 20 Sep 20 X Oct 20 General (12 Special (12	(M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) 2G) Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-Election Report for the:	on General (30G)		Runoff (30F	in the State of Special (30S)
(TER)	Election	on /	D D / Y	Y Y Y	in the State of
5. Covering Period 09	/ D D / Y Y Y Y 01 _ 2014	through	09/	30 /	Y Y Y Y Y 2014
T certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of m Mr. Timothy J. Engel	y knowledge and be	elief it is true,	correct and o	complete.
Signature of Treasurer	thy J. Engel	[Electronically	Filed] Dat	re 10	/ D D / Y Y Y Y 20 2014
NOTE: Submission of false, erroneous	s, or incomplete information r	may subject the perso	on signing this	Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

10/20/2014 13 : 44

Ima	mage# 14951708737											
Γ	-	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2								
۷	Vrite	or Type Committee Name										
	American Academy of Neurology BrainPAC											
F	Report Covering the Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y 09 01 2014 To: 09 30 2014											
			COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6.	(a)	Cash on Hand January 1, 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.	Tota	al Disbursements (from Line 31)	21500.00	306519.00								

	Reporting Period (subtract Line 7 from Line 6(d))			7		7	42	639.56		l		7		7	42639.56
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	C		7		7		0.00]						
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	[_	7		7		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

×

8. Cash on Hand at Close of

Image#	14951708738	
mayem	14331700730	

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	12435.84	160030.88
(i) Itemized (use Schedule A)	12433.04	
(ii) Unitemized	5101.00	66748.68
(iii) TOTAL (add	7 7 7 0101.00	
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
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	7 7 7	7 7
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	7 7	
to Federal Candidates and Other		
Political Committees	0.00	6000.00
Other Federal Receipts	7 7 7	
(Dividends, Interest, etc.)	0.00	0.00
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	0.0
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(from Schedule H3)		
Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))►	17536.84	000770
	1/536 84	232779.5

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	21500.00	305250.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
 (a) Individuals/Persons Other Than Political Committees 	0.00	1269.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	1269.00
(add Lines 28(a), (b), and (c))►	7 7	
Other Disbursements	0.00	0.00
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	0.0
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ 	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	21500.00	306519.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	21500.00	306519.00
	21000.00	

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DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Total Contributions (other than loans) (from Line 11(d), page 3)	17536.84	226779.56		
. Total Contribution Refunds (from Line 28(d))	0.00	1269.00		
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17536.84	225510.56		
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00		
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

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

(check only one)

PAGE 6 OF

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			Detailed Summary Page	2	X 11a		11b	11c	Ш	12				
<u> </u>					13		14	15		16	17			
	y information copied from such Reports and S for commercial purposes, other than using the													
\setminus	NAME OF COMMITTEE (In Full)		_											
\square	American Academy of Neurolog	gy BrainP	AC											
Α.	Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela				Date o	f Re	eceipt							
	Mailing Address 9878 Zig Zag Road				09 01 2014									
	City	State	Zip Code			sact		3745949						
	Cincinnati	OH	45242-6311	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer	Occupation	I											
	Univ of Cincinnati, Dept of Neuro	Neurologist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		750.00											
	Other (specify)		750.00											
_	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones				Date o	f Da	acint							
D.		Mailing Address 212 Bay Spring Ave												
	Mailing Address 212 Bay Spring Ave				09	1	01	р / Y)14	Y			
	City	State	Zip Code			acti		3745950						
	Barrington	RI	02806-1332					leceipt th		eriod				
	FEC ID number of contributing federal political committee.	С			375.00						00			
	Name of Employer	Occupation		_										
	Self	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		1125.00											
с.	Full Name (Last, First, Middle Initial) Dr. Waleed Hamed EI-Feky				Date o	f Re	eceipt							
	Mailing Address 6301 Gaston Ave Suite 400, West Tower				09	/	02)14	Y			
	City	State	Zip Code		Trans	sact	ion ID :	3745994	2					
	Dallas	ТΧ	75214-3922		Amoun	t of	Each R	Receipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.	С					л. I		_	500	.00			
	Name of Employer	Occupation												
	Texas Neurology, P.A.	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		500.00											
	Other (specify)		500.00											
Г						-			_	1125	00			
s	UBTOTAL of Receipts This Page (optional)		•	-			7		-	1125.	00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC	
Α.				Date of Receipt
	Mailing Address 4322 Williamsburg Rd			09 02 2014
	City Dallas	State TX	Zip Code 75220-1932	Transaction ID : 37459947 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		
	Texas Neurology Receipt For:	Neurologist		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Daragh Heitzman	Date of Receipt		
	Mailing Address 6301 Gaston Ave Ste 400W 100 West Tower			09 02 2014
	City	State	Zip Code	Transaction ID : 37459949
	Dallas	ТХ	75214-6237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Texas Neurology	Occupation		
	Receipt For:	Neurologist		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) Dr. Steven P. Herzog			Date of Receipt
	Mailing Address 6301 Gaston Ave Ste 400 West Tower			09 02 / Y Y Y Y 09 02 2014
	City Dallas	State TX	Zip Code 75214-3922	Transaction ID : 37459950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		
	Texas Neurology	Neurologist		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

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

Use separate schedule(s) for each category of the

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(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and s for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Alan W. Martin Mailing Address 3439 W Lawther Dr			Date of Receipt
				09 02 2014
	City Dallas	State TX	Zip Code 75214-3203	Transaction ID : 37459952
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Texas Neurology	Neurologist		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
в.	Full Name (Last, First, Middle Initial) Dr. Gary Tunell			Date of Receipt
	Mailing Address 6301 Gaston Ave Ste 400 West Tower			09 02 _2014 _
	City	State	Zip Code	Transaction ID : 37459953
	Dallas	ТХ	75214-3922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		
	Texas Neurology, P.A.	Neurologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) Dr. Eugene May			Date of Receipt
	Mailing Address 1919 Fairmount Ave SW			M M / D D / Y Y Y Y 09 02 2014
	City Seattle	State WA	Zip Code 98126-2075	Transaction ID : 37459967
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Seattle Radiologists	Neuro-opth	almologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Sarah M. Benish Α. Date of Receipt Mailing Address 5949 Bradbury Court M M / 03 2014 09 City Zip Code State Transaction ID : 37459978 MN Inver Grove Heights 55076-1597 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Fairview Health Services Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Awais Riaz Date of Receipt Mailing Address 4454-A Kelmscott Lane М M 09 03 2014 City State Zip Code Transaction ID: 37459979 UT Salt Lake City 84124-2580 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Univ. of Utah Neurologist Receipt For: Aggregate Year-to-Date ▼ Primarv General 750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Stanley J. Whitney Date of Receipt Mailing Address 1108 Ronds Pointe Dr. West M = M / D 2014 09 03 City State Zip Code Transaction ID: 37459980 FL Tallahassee 32312-6788 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Tallahassee Neurology Associates Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional).....

10.

9

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

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

(check only one)

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			Detailed Summary Page		(11a		11b	11c		12		
					13		14	15		16	17	/
	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
\rangle	American Academy of Neurology	y BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Steven J. Holtz				Date o	f Re	eceipt					
	Mailing Address 6970 Broadway Terrace				м м 09	/	03			014	Y	
	City	State	Zip Code		Trans	act	ion ID :	3745998				
	Oakland	CA	94611-1950		Amoun	t of	Each F	Receipt tl	nis F	Period		
	FEC ID number of contributing federal political committee.	С					7	5	_	100.	00	
	Name of Employer	Occupation										
	John Muir Physical Ntwk	Neurologist										
	Receipt For:	Agaregate	Year-to-Date ▼									
	Primary General	33 - 3		11								
	Other (specify)		700.00	Ц.								
	Full Name (Last, First, Middle Initial)											
B.	Dr. Allison Brashear				Date of	f Re	eceipt					
	Mailing Address 208 Hadley Ct				м м 09	/	03		ү 2(014	Y	
	City	State	Zip Code		Trans	acti	ion ID :	3745998	32			
	Winston Salem	NC	27106-4489	_	Amoun	t of	Each F	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С					7		_	75.	00	
	Name of Employer	Occupation										
	Wake Forest	Neurologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)		525.00	4								
с.	Full Name (Last, First, Middle Initial) Dr. Allison L. Weathers				Date o	f Re	eceipt					
	Mailing Address 3444 Lake St				м м 09	/	03			014	Y	
	City	State	Zip Code		Trans	sact	ion ID :	374599	83			
	Evanston	IL	60203-1935		Amoun	t of	Each F	Receipt tl	nis F	Period		
	FEC ID number of contributing federal political committee.	С					,			57.	50	
	Name of Employer	Occupation										
	RUMC	RUMC Neu	rologist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)	<u> </u>	327.50									
					_				_	0000	-0	1
S	UBTOTAL of Receipts This Page (optional)		••••••			-	7		_	232.	50	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP.	AC					
Α.	Full Name (Last, First, Middle Initial) Dr. Terrence L. Cascino Mailing Address 2931 Stone Park Dr NE			Date of Receipt				
	City	State	Zip Code	09 10 2014 Transaction ID : 37472853				
	Rochester	MN	55906-7722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation						
	Mayo Clinic	Neurologist						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		250.00					
	Other (specify) ▼		350.00					
в.	Full Name (Last, First, Middle Initial) Dr. Madelyn E. Olson			Date of Receipt				
	Mailing Address 1612 NW 9th St			09 10 2014				
	City	State	Zip Code	Transaction ID : 37484061				
	Cape Coral	FL	33993-5911	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		300.00				
	Name of Employer	Occupation						
	Retired	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00					
c.	Full Name (Last, First, Middle Initial) Dr. Roy D. Elterman			Date of Receipt				
	Mailing Address 7777 Forest Lane Ste B116			09 08 2014				
	City	State	Zip Code	Transaction ID : 37484067				
	Dallas	ТХ	75230-6805	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ě l						
	Name of Employer	Occupation						
	Medical City Dallas	Neurologist						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	850.00				

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

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

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		Detailed Summary Page		11a		11b	11c	12	2	
				13		14	15	16	-	17
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Academy of Neurol	ogy BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. Jesus F. Lovera				Date of	f Re	eceipt				
Mailing Address 5121 Cleveland Pl				м м 09	1	12		y 2014		Y
City	State	Zip Code		Trans	act	ion ID :	37489843	3		
Metairie	LA	70003-1056		Amount	t of	Each F	Receipt thi	s Peri	iod	
FEC ID number of contributing federal political committee.	С					7		5	500.0	00
Name of Employer	Occupation	1								
LSU Healthcare Network NEU/NSG	Neurologis	t								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11.							
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. Dr. James C. Stevens				Date of	f Re	eceipt				
Mailing Address 12112 Aboite Center Rd				м м 09	1	13		y 2014		Y
City	State	Zip Code			act		37493704			
Fort Wayne	IN	46814-9528					Receipt thi		iod	
FEC ID number of contributing federal political committee.	С					7		1	00.0	00
Name of Employer	Occupation	1								
Allied Physicians, Inc.	Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00								
Full Name (Last, First, Middle Initial) C. Dr. Angel M. Carrasco				Date of	f Re	eceipt				
Mailing Address 29224 SW 142 Nd. PL				м м 09	1	14		2014		Y
City	State	Zip Code			act		37495582			
Homestead	FL	33033-3021					Receipt thi		iod	
FEC ID number of contributing federal political committee.	C					7		1	100.0	00
Name of Employer	Occupation	1								
Neuroquisqueya	Neurologis	t								
Receipt For:		Year-to-Date ▼								
Primary General										
Other (specify)		300.00								
SUBTOTAL of Receipts This Page (optional).					l	7		7	00.0	0

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainPA	AC	
Full Name (Last, First, Middle Initial) Dr. Alan G. Stein Mailing Address 1301 Punchbowl St City Honolulu FEC ID number of contributing federal political committee. Name of Employer The Queen's Medical Center Receipt For: Primary General Other (specify)	State HI C Occupation Neurologist Aggregate	Zip Code 96813-2402 /ear-to-Date ▼ 375.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Dr. Michael R. Yochelson Mailing Address 3919 Commander Drive	State	Zip Code	Date of Receipt
Hyattsville FEC ID number of contributing federal political committee. Name of Employer MedStar National Rehabilitation Hospit Receipt For: Primary General	MD C Occupation Physician Aggregate	20782-1025	Amount of Each Receipt this Period 83.34
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane City Twinsburg FEC ID number of contributing federal political committee. Name of Employer Children's Hospital and Med. Center of Receipt For: Primary General	State OH C Occupation Physician Aggregate	750.06 Zip Code 44087-3808	Date of Receipt 09 / 15 / 2014 Transaction ID : 37495631 Amount of Each Receipt this Period 185.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	L	1480.00	393.34

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

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

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Mr. David A. Evans Α. Date of Receipt Mailing Address 715 Kessler Woods Trail M M / 2014 09 15 City State Zip Code Transaction ID : 37495632 75208-5610 ΤХ Dallas Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Name of Employer Occupation coo **Texas Neurology** Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd Μ M 09 15 2014 City State Zip Code Transaction ID: 37495633 ТΧ Houston 77005-2613 Amount of Each Receipt this Period FEC ID number of contributing С 85.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primarv General 765.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Ralph F. Jozefowicz Date of Receipt Mailing Address 78 Lac Kine Drive M = M / D 2014 09 15 City Zip Code State Transaction ID: 37495634 NY Rochester 14618-5608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation University of Rochester Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 435.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
Self F	State Zip Code NJ 07670-1118 C Decupation Decupation Hysician Aggregate Year-to-Date ▼ 3735.00	Date of Receipt
Henry Ford Hospital	State Zip Code MI 48105-1435 C Decupation eurologist Aggregate Year-to-Date ▼ 900.00	Date of Receipt
Associated Neurologists of So. Ct.	State Zip Code CT 06825-1758 C Occupation Physician Aggregate Year-to-Date ▼ 450.00 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 565.00

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

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Jeffrey B. English Α. Date of Receipt Mailing Address 3200 Downwood Cir NW Ste 550 M M / 2014 09 15 City Zip Code State Transaction ID: 37496252 GA Atlanta 30327-1624 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Name of Employer Occupation Piedmont Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Carrie Landess Date of Receipt Mailing Address 16855 Ne 2nd Avenue Μ M 09 Ste 102 15 2014 City State Zip Code Transaction ID: 37512079 FL North Miami Beach 33162-1744 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Jackson Health System Neurologist Receipt For: Aggregate Year-to-Date ▼ Primarv General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase M = M / D 09 19 2014 City State Zip Code Transaction ID: 37515742 AL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation AL Neurology and Sleep Medicine, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

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				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	IAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC	
A	ull Name (Last, First, Middle Initial) Dr. Constantine Moschonas Aailing Address 8113 E Del Cuarzo Dr			Date of Receipt
	Dity Scottsdale	State AZ	Zip Code 85258-2254	09 20 2014 Transaction ID : 37517893
F	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period
F	lame of Employer Four Peaks Neurology Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 2250.00	
B	ull Name (Last, First, Middle Initial) Dr. Gregory T. Pupillo Mailing Address 225 9th Street S,			Date of Receipt
L F	City La Crosse EC ID number of contributing ederal political committee.	State WI	Zip Code 54601-4145	09 20 2014 Transaction ID : 37517894 Amount of Each Receipt this Period 45.00
⊼ F	lame of Employer ranciscan-Skemp Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 270.00	
	ull Name (Last, First, Middle Initial) Dr. John W. Henson			Date of Receipt
ō	Aailing Address 9420 SE 54th Street	State WA	Zip Code 98040-5121	09 21 2014 Transaction ID : 37517908
F	EC ID number of contributing ederal political committee.	C	30040-3121	Amount of Each Receipt this Period
S	lame of Employer Swedish Neuroscience Institute Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00	
SU	BTOTAL of Receipts This Page (optional)		•	845.00

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X 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Α. Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St M M / 2014 09 21 City Zip Code State Transaction ID: 37517910 WA Mercer Island 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing С 415.00 federal political committee. Name of Employer Occupation Swedish Neurosci. Institute, Swedish H Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3735.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Diane D. Wirz Date of Receipt Mailing Address 42 Fairmount Dr. Μ 09 22 2014 City State Zip Code Transaction ID: 37520689 СТ Danbury 06811-4427 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Associated Neurolgists Neurolgist Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sarah Song Date of Receipt Mailing Address 2045 W. Concord Place, #405 M = M / 09 23 2014 City State Zip Code Transaction ID: 37520919 IL Chicago 60647-5481 Amount of Each Receipt this Period FEC ID number of contributing 82.00 С federal political committee. Name of Employer Occupation Rush Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) 747.00 SUBTOTAL of Receipts This Page (optional).....

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass Mailing Address 4903 Valerie			Date of Receipt
	City Bellaire	State TX	Zip Code 77401-5707	Transaction ID : 37520920 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Baylor College of Medicine Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Mailing Address 4732 Lost Creek Lane			Date of Receipt
	City Bellingham FEC ID number of contributing federal political committee.	State WA	Zip Code 98229-2574	09 23 2014 Transaction ID : 37520922 Amount of Each Receipt this Period 100.00
	Name of Employer Northwest Neurology Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 900.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Paul A. Rutecki			Date of Receipt
	Mailing Address Department of Neurology 1685 Highland Avenue City Madison FEC ID number of contributing federal political committee.	State WI	Zip Code 53705-2281	M M
	Name of Employer Univ WI of Madison Dept Neur Receipt For: Primary General Other (specify) ▼	Occupation Neurologist Aggregate		
s	UBTOTAL of Receipts This Page (optional)		••••••	400.00

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 NAME OF COMMITTEE (In Full)

 American Academy of Neurology BrainPAC

/			
Α.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney		Date of Receipt
	Mailing Address 9235 NW 26th Avenue		M M / D D / Y Y Y Y 09 25 2014
	City	State Zip Code	Transaction ID : 37523183
	Gainesville	FL 32606-9180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	84.00
	Name of Employer	Occupation	
	Univ. of FL Dept. of Neurology	Behavioral Neurology	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	756.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Edward F. Good		Date of Receipt
Β.	Mailing Address 1107 Baymeadow Dr		09 25 2014
	City	State Zip Code	Transaction ID: 37539090
	Houston	TX 77062-2707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Self	Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Faisal M. Qazi		Date of Receipt
	Mailing Address 1240 West Valencia Mesa Driv	e	M M / D D / Y Y Y Y 09 25 2014
	City	State Zip Code	Transaction ID : 37539114
	Fullerton	CA 92833-2221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer	Occupation	
	Inland Neurologic Consultants	Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	800.00	
s	UBTOTAL of Receipts This Page (optional)		419.00

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

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NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Amy E. Sanders Mailing Address 4588 Cascades Drive City Manlius FEC ID number of contributing federal political committee. Name of Employer Mmc Medical Center Receipt For: Primary General Other (specify) ▼		• Code 104-2369 •Date ▼ 450.00	Date of Receipt 09 25 2014 Transaction ID : 37539117 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) B. Dr. Gregory J. Esper Mailing Address 2477 Oak Grove Estates City Atlanta FEC ID number of contributing federal political committee. Name of Employer Emory Receipt For: Primary General Other (specify) ▼	_ · ·	• Code 345-3899 •Date ▼ 336.00	Date of Receipt 09 25 2014 Transaction ID : 37539118 Amount of Each Receipt this Period 56.00
Full Name (Last, First, Middle Initial) Dr. David R. Greeley Mailing Address 1125 E 27th Avenue City Spokane FEC ID number of contributing federal political committee. Name of Employer Northwest Neurological Receipt For: Primary General Other (specify) ▼		• Code 203-3348 •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).....

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC							
Full Name (Last, First, Middle Initial) Dr. Jaffar Khan Mailing Address 292 Riverford Way City Lawrenceville FEC ID number of contributing	State GA	Zip Code 30043-6416	Date of Receipt 09 25 2014 Transaction ID : 37539120 Amount of Each Receipt this Period 412.00						
federal political committee. Name of Employer Emory Clinic Receipt For: Primary General Other (specify)	C Occupation Neurologist Aggregate								
Full Name (Last, First, Middle Initial) B. Dr. Thomas Swanson Mailing Address 5748 Prospect Dr City Missoula	Dr. Thomas Swanson lailing Address 5748 Prospect Dr ity State Zip Code								
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	C Occupation Physician Aggregate	Year-to-Date ▼ 750.00	250.00						
Full Name (Last, First, Middle Initial) C. Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd City Union FEC ID number of contributing federal political committee. Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify) ▼	State ME C Occupation Physician Aggregate	Zip Code 04862-4628 Year-to-Date ▼ 1800.00	Date of Receipt						
SUBTOTAL of Receipts This Page (optional	al)		762.00						

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FEC Schedule A (Form 3X) Rev. 02/2003

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TOTAL This Period (last page this line number only)						1243	35.84
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	American Academy of Neurology E	BrainPAC														
	Full Name (Last, First, Middle Initial)															
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	Newburgh Purpose of Disbursement	IN 47629														
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ī	Candidate Name		Cat	egor	v/											
	Rep. Larry Bucshon MD			ype	y,											
Ō	Office Sought: X House Disburser	ment For: 2014														
	Senate	Primary X General				Campai	ign co	ontrib	ution							
	President	Other (specify)														
	State: IN District: 08															
-	Full Name (Last, First, Middle Initial) Friends For Jim Mcdermott					Date of	f Dish	ourse	ment							
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I	Mailing Address PO Box 21786					09	,	09			014					
Ī	City	State Zip Code				-										
;	Seattle	WA 98111				Trans	actio	on ID	: 3747 [.]	1478						
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	American Academy of Neurology I	BrainPA	С													
Α.	Full Name (Last, First, Middle Initial) Van Hollen For Congress							Date of			ser		V	Ý	Y	
	Mailing Address 10537 St. Paul St.							09			09			014		
	City Kensington	State MD	Zip Code 20895					Tran	sact	ion II	D:	37471	479			
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в.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Commi	ttee						Date o	_	D	- 1	D /		Y	Y	
	Mailing Address PO Box 1400							09			09)	2	2014		
	Melville	State NY	Zip Code 11747					Tran	sact	ion I	D :	37471	480			
	Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve J. Israel			Cate)11 egoi ype	ry/		Amou	nt of	Each	n [Disburse	emen		Period 0.00	
	Office Sought: House Disburse Senate President State: NY District: 03	ment For: Primary Other (spe	X General					Campa	aign	contr	ibu	ution				
c.	Full Name (Last, First, Middle Initial) Healthcare Freedom Fund							Date of		_		_				
	Mailing Address PO Box 2485							м 09			09			014	Y	
	Springfield	State VA	Zip Code 22152					Tran	sact	ion I	D :	: 37471	481			
	Purpose of Disbursement Leadership PAC contribution Candidate Name			Cate				Amou	nt of	Each	n [Disburse	emen		Period 0.00	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼	I	ype	•		Leade	ship	PAC	co	ontributi	on			
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\setminus	NAME OF COMMITTEE (In Full)																
	American Academy of Neurology E	BrainPA	C														
Δ	Full Name (Last, First, Middle Initial)	rooo					Date o	f Dis	shurse	ment							
	Cathy Mcmorris Rodgers For Cong	JIESS					M M	_	D	_	Y Y	Y	Y				
	Mailing Address Box 137						09		0	9	2	014					
	5	State	Zip Code				Trans	acti	on ID	: 374714	482						
	Spokane Purpose of Disbursement	WA	99210														
	Campaign contribution			0	11		Amoun	t of	Each	Disburse	ement	t this I	Period				
	Candidate Name			Cate	egory	y/						1000	0.00				
	Rep. Cathy McMorris Rodgers				ype			-	7	- 7	-	1000					
	Office Sought: X House Disburser Senate President	nent For: Primary Other (spe	X General				Campa	ign c	ontrib	ution							
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D	Full Name (Last, First, Middle Initial)						Date o	f Die	huroo	mont							
D.	Mckinley For Congress							_			V	Y	V				
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	Morgantown	State WV	Zip Code 26507				Trans	sacti	on ID	: 37472	493						
	Purpose of Disbursement Campaign contribution			C)11		Amount of Each Disbursement this Period										
	Candidate Name			Cate		y/	500.00										
	Rep. David McKinley Office Sought: Y House Disburser	nent For:	2014	- Iy	ype				7								
	Senate	Primary Other (spe	X General				Campa	ign c	contrib	oution							
_	Full Name (Last, First, Middle Initial)																
C.	Paul Tonko For Congress						Date o										
	Mailing Address 911 Central Avenue PO Box 221						м м 09	/	0			014	Y				
	City	State NY	Zip Code 12206				Trans	sacti	on ID	: 37472	494						
	Purpose of Disbursement Campaign contribution			-	-												
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 OF 30														
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	y information copied from such Reports and State for commercial purposes, other than using the nar																	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		-															
	American Academy of Neurology	BrainPA	C															
	Full Name (Last, First, Middle Initial)							Β.										
А.	Kirkpatrick For Arizona		Date of Disbursement															
	Mailing Address PO Box 12011		09 / 09 / Y Y Y Y 2014															
	City	State	State Zip Code															
	Casa Grande	AZ	AZ 85130						Transaction ID : 37472520									
	Purpose of Disbursement Campaign Contribution			0	11		Amount of Each Disbursement this Period											
	Candidate Name		Cate	egoi	ry/	1000.00												
	Rep. Ann Kirkpatrick			Ty	ype													
	Senate President	ment For: Primary Other (spe	X General				Campaign Contribution											
	State: AZ District: 01																	
-	Full Name (Last, First, Middle Initial)								Β.									
В.	Heller For Senate					Date of Disbursement												
	Mailing Address PO Box 371907							09 09 2014										
	City Las Vegas	State NV	Zip Code 89137				Transaction ID : 37472521											
	Purpose of Disbursement Campaign contribution	011						Amount of Each Disbursement this Period										
	Candidate Name																	
	Dean Heller		Category/ Type						1000.00									
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spe	2012 X General ecify) ▼		<u> </u>		C	Campai	gn c	contrib	outic	n						
_	Full Name (Last, First, Middle Initial)																	
C.	Schakowsky For Congress	ongress						Date of Disbursement										
	Mailing Address P.O. Box 5130								09 / D D / Y Y Y Y 2014									
	City Evanston										Transaction ID : 37496445							
	Purpose of Disbursement	-																
	Campaign Contribution	0	011	1	A	Amount	of	Each	Dis	burse	ment	t this	Perio	d				
	Candidate Name	egoi	ry/	1000.00														
	Rep. Jan D. SchakowskyOffice Sought:VVHouseDisburse	ment For:	2014	Ŋ	ype			_	-	7		- 7	-			_		
	Senate President	Primary Other (spe	K General				C	Campaig	gn C	Contrit	butio	on						
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or	for commercial purposes, other than using the nar	me and address of any politi	ical co	mmit	tee to	solicit cor	ntribut	tions	from s	uch co	mmit	ee.					
	NAME OF COMMITTEE (In Full)																
$ \rangle$	American Academy of Neurology E	BrainPAC															
\backslash	,																
	Full Name (Last, First, Middle Initial)				_												
Α.	Adrian Smith For Congress		Date of Disbursement														
	Mailing Address 3321 Avenue I																
	Suite 6									09 16 2014							
		State Zip Code		Transaction ID : 37496446													
	Scottsbluff	NE 69361		Irans	actio	n ID	: 37496	446									
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	Candidate Name			011		Amount	t of E	ach	Disburs	ement	this	Period					
	Rep. Adrian Smith			tegor	ry/	1000.00											
		ment For: 2014		Гуре		Campaign Contribution											
	Senate	Primary X General															
	President	Other (specify)				Campai	9., 00										
	State: NE District: 03																
	Full Name (Last, First, Middle Initial)																
Β.	Larson For Congress		Date of Disbursement														
			09 / D D / Y Y Y Y 16 / 2014														
	Mailing Address PO Box 261172																
	City																
	Hartford	State Zip Code CT 06126				Trans	actio	n ID	: 37496	447							
	Purpose of Disbursement		_		1												
	Campaign Contribution			011		Amount of Each Disbursement this Period											
	Candidate Name		ry/	1000.00													
	Rep. John B. Larson Office Sought: V House Disburser	ment For: 2014	Гуре														
	Senate	ment For: 2014 Primary X General			Campaign Contribution												
	President	Other (specify)															
	State: CT District: 01																
_	Full Name (Last, First, Middle Initial)																
С.	Kinzinger For Congress		Date of Disbursement														
								M M / D D / Y Y Y Y 09 16 2014									
	Mailing Address PO Box 2365																
	City																
	City Ottawa								: 37496	448							
	Purpose of Disbursement	_															
	Campaign Contribution		011		Amount of Each Disbursement this Perio						Period						
	Candidate Name	ry/															
	Rep. Adam Kinzinger	Гуре		1000.00						.00							
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$\left \right $	NAME OF COMMITTEE (In Full)																		
	American Academy of Neurology E	BrainPA	С																
<u>د</u>	Full Name (Last, First, Middle Initial)																		
Α.	Butterfield For Congress									Date of Disbursement									
	Mailing Address PO Box 2571								09 16 / Y Y Y Y 2014										
	5							Transaction ID : 37496449											
	Wilson Purpose of Disbursement	NC	27894				-												
	Campaign Contribution)11		Amount of Each Disbursement this Period												
	Candidate Name		Category/																
	Rep. George K. Butterfield				ype					7			100	0.00					
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	State: NC District: 01																		
Б	Full Name (Last, First, Middle Initial)																		
в.	 Michael Burgess For Congress 								Date of Disbursement										
	Mailing Address PO Box 2334								09 16 / Y Y Y Y 2014										
	Denton	State TX	Zip Code 76202				Transaction ID : 37					6451							
	Purpose of Disbursement Campaign Contribution	gn Contribution 011							Amount of Each Disbursement this Period										
	Candidate Name		Category/						1500.00										
	Rep. Michael C. Burgess M.D. Office Sought: House Disburser Senate President Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colsp	ment For: Primary Other (spe	2014 X General ecify) ▼		ype			Campai	ign (Contrib	oution								
_	Full Name (Last, First, Middle Initial)																		
C.	People For Derek Kilmer								Date of Disbursement										
	Mailing Address PO Box 1574									09 / D D / Y Y Y Y 09 16 2014									
		State	Zip Code					Trans											
	Gig Harbor WA 98335 Purpose of Disbursement																		
	Campaign Contribution 011								t of	Each	Disbur	semer	nt this	Period					
	Candidate Name	egor	ry/	Amount of Each Disbursement this Period															
	ep. Derek Kilmer Type							1000.00											
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	State: WA District: 06																		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF 30									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)									
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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			Date of Disbursement									
Mailing Address P. O. Box 411486			09 16 2014									
City Melbourne	StateZip CodeFL32941		Transaction ID : 37496456									
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period									
Candidate Name Rep. Bill Posey		Category/ Type	1000.00									
Office Sought: House Disburse Senate President State: FL District: 08	ment For: 2014 Primary X General Other (specify) ▼		Campaign Contribution									
Full Name (Last, First, Middle Initial) B. Crowley For Congress			Date of Disbursement									
Mailing Address 84-56 Grand Avenue	09 16 2014											
Elmhurst	StateZip CodeNY11373		Transaction ID : 37499022									
Purpose of Disbursement Campaign Contribution	Campaign Contribution 011											
Candidate Name Rep. Joseph Crowley	Category/ Type	2500.00										
	ment For: 2014 Primary X General Other (specify) ▼	туре	Campaign Contribution									
Full Name (Last, First, Middle Initial) C.	Date of Disbursement											
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Candidate Name	Category/ Type											
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼											
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