FEC FORM 3X	ANI	PORT OF F D DISBUR ther Than An Au	SEMENTS	5	Office Use	Only
1. NAME OF COMMITTEE (in fu		EC MAILING LABEL PE OR PRINT 🕎	Example: If typi over the lines	ing, type		]
	v of Neurology Pro	fessional Association I	BrainPAC			
ADDRESS (number and	street)	1 M St. NW				<b>.</b>
Check if differ than previousl reported. (AC	ent L	enth Floor shington			C 200	05 
2. FEC IDENTIFICAT	ION NUMBER	♥ CI	TY 🛋	STAT	rea zi	PCODE 🔺
C00435933			IS THIS X REPORT	NEW (N) <b>OR</b>	AMENDED (A)	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(c) 12-Day PRE-Election Report for the: Elect (d) 30-Day Post -Election Report for the:	b 20 (M2) ar 20 (M3) r 20 (M4) Primary (1 Conventio ion on General (3 ion on	n (12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
<ol> <li>Covering Period</li> <li>I certify that I have exam</li> <li>Type or Print Name of T</li> <li>Signature of Treasurer</li> </ol>		0 1 2 0 0 8 and to the best of my kr . Timothy J. Engel	through through through through the second s		30 2008	2008
NOTE : Submission of t			-			
Office Use Only					FEC F	FORM 3X 12/2004)

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF NECEIPTS AND DISDONSEMENTS	Page 2
V	Vrite or Type Committee Name American Academy of Neurology Pro	fessional Association BrainPAC	
F	Report Covering the Period: From:	M M         D D         Y Y W Y           0 4         0 1         2 0 0 8	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		34121.00
	(b) Cash on Hand at Begining of Reporting Period	61620.00	
	(c) Total Receipts (from Line 19)	48339.00	78838.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109959.00	112959.00
7.	Total Disbursements (from Line 31)	22500.00	25500.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	87459.00	87459.00
9.	Debts and Obligations owed <b>TO</b>		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

FE6AN026

(C)

**DETAILED SUMMARY PAGE** OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC м м 04 0<sup>D</sup>1 <sup>м</sup> м 3<sup>D</sup>0 D 2008<sup>°</sup> D 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 71494.00 44970.00 (i) Itemized (use Schedule A) ..... 3369.00 7344.00 (ii) Unitemized ..... (iii) TOTAL (add 48339.00 78838.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 48339.00 78838.00 Totals to Line 33, page 5) ..... 

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

78838.00

78838.00

12.	Transfers From Affiliated/Other Party Committees	0.00
13.	All Loans Received	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0.00
	(b) Levin Funds (from Schedule H5)	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48339.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	48339.00

### **DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Operating Expenditures:		
(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	0.00	0.00
(add 21(a)(i), (a)(ii) and (b)) (add 21(a)(i), (a)(ii) and (b)).	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	22500.00	25500.00
Independent Expenditure     (use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))</li> </ol>	0.00	0.00
(use Schedule F)		
5. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
I. Total Disbursements (add Lines 21(c), 22,	20500.00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22500.00	25500.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	22500.00	25500.00

# DETAILED SUMMARY PAGE

	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)	48339.00	78838.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	48339.00	78838.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

A. Dr. Terri Mailing A City Lexingt FEC ID f federal p Name of U of KY Receipt FUII Nam Dr. Soph Mailing A City Wauwa FEC ID f federal p Name of Ot Ot S. Full Nam Dr. Soph Mailing A City Wauwa FEC ID f federal p Name of Mailing A City Trull Nam Dr. Soph Mailing A City Wauwa FEC ID f federal p Name of Med. Co	nercial purposes, other than using t DF COMMITTEE (In Full) can Academy of Neurology Pri- ne (Last, First, Middle Initial) Postma Address 1700 Headley Grn ton number of contributing political committee. Employer For: imary General her (specify) ▼ ne (Last, First, Middle Initial) os Geroulis Address 7439 Harwood Ave S	he name and address of an ofessional Association I State Zip Co KY 40504 C Occupation Chief Physician Re Aggregate Year-to-Da State 300 State Zip Co	political committee to brainPAC de -2399 sident te ▼ 1000.00	13       14       15       16         on for the purpose of soliciting contributions is solicit contributions from such committee.         Date of Receipt $M M$ $0 B$ $2 0 0 B$ Transaction ID: 27623577         Amount of Each Receipt this Period         250.00         Date of Receipt $M M$ $0 B$ $250.00$ Transaction ID: 27623577         Amount of Each Receipt this Period $250.00$ Transaction ID: 27640798         Amount of Each Receipt this Period $M M$ $0 B$ $1030.00$
Americ Full Nam Dr. Terri Mailing A City Lexingt FEC ID f federal p Name of U of KY Receipt Full Nam Dr. Soph Mailing A City Wauwa FEC ID f federal p Name of City Wauwa FEC ID f federal p Pri Ot Second Receipt Name of Mailing A City Receipt Full Nam Dr. Soph Mailing A City Wauwa FEC ID f federal p Name of Mailing A City Wauwa FEC ID f federal p Name of City Wauwa FEC ID f federal p Name of City Wauwa FEC ID f federal p Name of Mailing A City Wauwa FEC ID f federal p	an Academy of Neurology Pro- ne (Last, First, Middle Initial) Postma Address 1700 Headley Grn ton number of contributing political committee. Employer For: imary General her (specify) ▼ ne (Last, First, Middle Initial) os Geroulis Address 7439 Harwood Ave S atosa number of contributing	State Zip Co KY 40504 C Occupation Chief Physician Ro Aggregate Year-to-Da Ste 300 State Zip Co WI 53213	de -2399 sident te ▼ 1000.00	M M ( 0 0 0 0 20008)         Transaction ID: 27623577         Amount of Each Receipt this Period         250.00         Date of Receipt         M M ( 0 0 0 1 20008)         Transaction ID: 27640798         Amount of Each Receipt this Period
Dr. Terri     Mailing A     City     Lexingt     FEC ID     federal p     Name of     U of KY     Receipt     Pri     Ot     City     Wauwa     FEC ID     federal p     Name of     Mailing A     City     Wauwa     FEC ID     federal p     Name of     Med. Co     Receipt     Pri     Ot     Tull Nam     federal p     Name of     Med. Co     Receipt     Ot     Full Nam     federal p	Postma         Address       1700 Headley Grn         Address       1700 Headley Grn         ton       number of contributing political committee.         Employer       Employer         For:       General her (specify) ♥         he (Last, First, Middle Initial) too Geroulis       Address         Address       7439 Harwood Ave S         atosa       number of contributing	KY     4050-       C     Occupation       Chief Physician Re       Aggregate Year-to-Da       Ste 300       State     Zip Ca       WI     53213	-2399 sident te ▼ 1000.00	M M         /         D         0         /         Y
City Lexingt FEC ID federal p Name of U of KY Receipt Pri Ot Full Nam Dr. Soph Mailing A City Wauwa FEC ID federal p Name of Med. Co Receipt Pri Ot City Ot Full Nam FEC ID federal p Name of Ot City Ci	ton number of contributing political committee. Employer For: imary General her (specify) ▼ ne (Last, First, Middle Initial) los Geroulis Address 7439 Harwood Ave S atosa number of contributing	KY     4050-       C     Occupation       Chief Physician Re       Aggregate Year-to-Da       Ste 300       State     Zip Ca       WI     53213	-2399 sident te ▼ 1000.00	0 4         0 8         2 0 0 8           Transaction ID: 27623577           Amount of Each Receipt this Period           250.00           Date of Receipt           M M         0 8         2 0 0 8           Transaction ID: 27640798           Amount of Each Receipt this Period
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Full Name Dr. Richa		C		1030.00
Receipt Pri Ot Full Nam Dr. Richa				
Full Nam Dr. Richa	Employer II. of WI	Occupation Physician Resider		_
Full Nam Dr. Richa		Aggregate Year-to-Da	te 🔻	
Dr. Richa	imary General her (specify) <b>v</b>		1030.00	]
Mailing A	ne (Last, First, Middle Initial) ard L. Pantera, Jr.			Date of Receipt
	Address 5344 W. Prospect C	t.		M M / D D / Y Y Y Y 0 4 0 8 2 0 0 8
City		State Zip Co	de	Transaction ID: 27648227
<u>Visalia</u>		CA 9329	-9274	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name of Self	Employer	Occupation Physician		
	For: imary General her (specify) <b>▼</b>	Aggregate Year-to-Da	te ▼ 500.00	
SUBTOTA				1780.00

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	d Statements may not be sold or used by any perso	FOR LINE NUMBER:       PAGE 7/32         (check only one)       11a         X       11a         13       14         15       16         17         n for the purpose of soliciting contributions
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Neurology P	the name and address of any political committee to rofessional Association BrainPAC	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Erik Kent St. Louis Mailing Address 719 Huntington Driv	/e	Date of Receipt
			04 09 2008
	City Iowa City	State Zip Code IA 52245-9245	Transaction ID: 27650233
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer University of Iowa Hosp and Clinicof De	Occupation Physician	_
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pretorius Mailing Address 5201 Corinthian Bay	y Dr	Date of Receipt
	City	State Zip Code	04102008 Transaction ID: 27662839
	Plano	TX 75093-4028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Mark Pretorius, MD, P.A.	Occupation Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
с.	Full Name (Last, First, Middle Initial) Dr. Georgia Laliotis Mailing Address 13000 Bruce B.Dow	rns Blvd.	Date of Receipt
	127 City	State Zip Code	04 18 2008
	Tampa	FL 33612-4745	Transaction ID: 27739758 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Self	Occupation Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional	)	2250.00
ľ	TOTAL This Period (last page this line num	per only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 32 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Profe	essional Ass	ociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Lily Jung			Date of Receipt
	Mailing Address 948 18th Ave. E.			0 4 / 2 1 / Y Y Y Y 0 4
	City	State	Zip Code	Transaction ID: 27753641
	Seattle	WA	98112-3930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2800.00
	Name of Employer Swedish Neurosci. Institu- te. Swedish H	Occupation Physiciar		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	2800.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kathy L. Gardner			Date of Receipt
	Mailing Address 4148 Windsor Street			M M / D D / Y Y Y Y 0 4 21 2008
	City	State	Zip Code	Transaction ID: 27753644
	Pittsburgh	PA	15217-2663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ. of Pittsburgh	Occupation Physiciar		_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III	I		Date of Receipt
	Mailing Address 1280 W Peachtree St N 1280 West Suite 3904	W		04 / 21 / Y Y Y Y 04 21 / 2008
	City	State	Zip Code	Transaction ID: 27753650
	Atlanta	GA	30309-3445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Morehouse School of Medic- ine	Occupation Physiciar		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)		·····	4800.00
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 / 32 (check only one)
11	TEMIZED RECEIPTS		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Profe	essional As	sociation BrainPAC	
_ر ۹.	Full Name (Last, First, Middle Initial) Dr. William T. Bradley			Date of Receipt
	Mailing Address 7450 Queensbury Circ	le		M         M         /         D         D         /         Y
	City Fort Worth	State TX	Zip Code	Transaction ID: 27753651
	FEC ID number of contributing federal political committee.	C	76133-7046	Amount of Each Receipt this Period
	Name of Employer Neuro. Assoc. of Arlington	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	]
 B.	Full Name (Last, First, Middle Initial) Dr. Robin L. Brey Mailing Address 13618 Bluff Circle			Date of Receipt
	City	State	Zip Code	04 21 2008
	San Antonio	TX	78216-1902	Transaction ID: 27753733 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Texas Health Science Center	Occupation neurolog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	]
;.	Full Name (Last, First, Middle Initial) Dr. Michael Rezak			Date of Receipt
	Mailing Address 300 N. Canal Street # 3508			M M M         /         D D         /         Y Y Y Y Y         Y           04         22         2008
	City Chicago	State II	Zip Code 60606-1236	Transaction ID: 27758101 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer ENH	Occupation neurolog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	]
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using the	for each cat Detailed Sur Statements may not be sold or	mmary Page used by any perso	
		ie name and address of any por		
	American Academy of Neurology Pro	ofessional Association Brai	nPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Harris M. Hauser			Date of Receipt
	Mailing Address 5555 Del Monte Drive	9		M         M         /         D         D         /         Y
	City	State Zip Code		Transaction ID: 27760628
	Houston	TX 77056-410	00	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Memorial Neurological Ass- ociation	Occupation Physician		-
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary     General       Other (specify) ▼		1000.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Lorraine J. Spikol	l		Date of Receipt
	Mailing Address 4028 Lois Lane			M         M         /         D         D         /         Y
	City	State Zip Code		Transaction ID: 27769530
	Allentown	PA 18104-969	97	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lehigh Valley Physicians Group	Occupation Neurologist		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary     General       Other (specify)     ▼		250.00	
- C.	Full Name (Last, First, Middle Initial) Murray G. Sagsveen			Date of Receipt
	Mailing Address 2215 Bayard Avenue			M         M         /         D         D         /         Y
	City	State Zip Code		Transaction ID: 27769540
	Saint Paul	MN 55116-114	49	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Academy of Neuro- logy	Occupation General Counsel		
	Receipt For:	Aggregate Year-to-Date	▼	
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number			

A. Dr. Sandr Mailing A City Chicago FEC ID r federal pu Name of Northwes pital Receipt F Ott S. Full Nam Dr. Richa Mailing A City Visalia FEC ID r federal pu Ott	ercial purposes, other than using to DF COMMITTEE (In Full) an Academy of Neurology Pr ne (Last, First, Middle Initial) ra F. Olson Address 220 E Walton PI Apt O number of contributing solitical committee. Employer stern Memorial Hos-	d Statements may not be sold or used by any per the name and address of any political committee rofessional Association BrainPAC t 6W State Zip Code IL 60611-1649 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	13       14       15       16       1         rson for the purpose of soliciting contributions to solicit contributions from such committee.       16       1         Date of Receipt       0       4       2       0       8         Transaction ID: 27771720       Amount of Each Receipt this Period       1000.00
America Full Nam Dr. Sandr Mailing A City Chicago FEC ID r federal po Name of Northwes pital Receipt F Prin Oth S. Full Nam Dr. Richa Mailing A City Visalia FEC ID r federal po Name of Northwest pital Receipt F Name of Name of Self	an Academy of Neurology Pr ne (Last, First, Middle Initial) ra F. Olson Address 220 E Walton PI Apt 0 number of contributing number of contributing number of contributing number of contributing stern Memorial Hos- For: imary General her (specify) ▼	t 6W State Zip Code IL 60611-1649 C Occupation Physician Aggregate Year-to-Date ▼	M M M       / D D       Y Y Y Y         0 4       2 4       2 0 0 8         Transaction ID: 27771720       Amount of Each Receipt this Period
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Full Nam Dr. Richa Mailing A City Visalia FEC ID r federal pr Name of Self	her (specify) 🔻	1000.00	
Dr. Richa Mailing A City Visalia FEC ID r federal po Name of Self	ne (Last, First, Middle Initial)	1	
City Visalia FEC ID r federal pr Name of Self	ard L. Pantera, Jr.	•	Date of Receipt
Visalia FEC ID r federal po Name of Self	Address 5344 W. Prospect C	it.	04 22 YYYY 2008
FEC ID r federal po Name of Self		State Zip Code	Transaction ID: 27771724
federal po Name of Self		CA 93291-9274	Amount of Each Receipt this Period
Self	number of contributing olitical committee.	C	500.00
	Employer	Occupation Physician	
Receipt F		Aggregate Year-to-Date 🔻	
	imary General her (specify) <b>v</b>	1000.00	
	ne (Last, First, Middle Initial) ory L. Barkley		Date of Receipt
Mailing A	Address 2890 Burlington Stre	eet	M M / D D / Y Y Y Y 04 24 2008
City		State Zip Code	Transaction ID: 27771727
<u>Ann Art</u>		MI 48105-1435	Amount of Each Receipt this Period
	number of contributing olitical committee.	C	1000.00
	Employer ord Hospital	Occupation Neurologist	
	For: imary General her (specify) <b>▼</b>	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTA		)	2500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12/32         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Neurology Profe	essional As	sociation BrainPAC	
۷ A.	Full Name (Last, First, Middle Initial) Dr. Edward L. Westbrook			Date of Receipt
	Mailing Address 1 Bratenahl PI Apt 130	3		0 4 / D D / Y Y Y Y 0 4 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27771730
	Bratenahl	OH	44108-1156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Hospitals of Cleveland	Occupation Academ	on ic Practicing Neurologist	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary     General       Other (specify)     ▼		500.00	]
- В.	Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff			Date of Receipt
	Mailing Address 935 Richmond Rd			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27774391
	Lyndhurst FEC ID number of contributing federal political committee.	OH C	44124-1063	Amount of Each Receipt this Period
	Name of Employer Case Western Res Universi- ty	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 1000.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
0.	Mailing Address 3141 Neille Lane			04 25 2008
	City	State	Zip Code	Transaction ID: 27774393
	Twinsburg	OH	44087-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Cleveland Clinic	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			2400.00
ŀ	TOTAL This Period (last page this line number	only)		

ſ	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS Any information copied from such Reports an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13/32         (check only one)       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">PAGE 13/32         (check only one)       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">PAGE 13/32         (check only one)       Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2"       Imag
	or for commercial purposes, other than using	the name and address of any political committee to	
	American Academy of Neurology P	rofessional Association BrainPAC	
∠ A.	Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance	Date of Receipt	
	Mailing Address 2392 NW Humming	04 25 Y Y Y Y 04 25 2008	
	City	State Zip Code	Transaction ID: 27774399
	Corvallis	OR 97330-3758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Corvalis Clinic	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Kamel H. Elzawahry		Date of Receipt
	Mailing Address 2202 State Ave Ste	04 <sup>//</sup> 25 <sup>/</sup> 2008	
	City	State Zip Code	Transaction ID: 27774404
	Panama City	FL 32405-4582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Brain And Spine Center, LLC	Occupation Physician	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) $rightarrow$	1000.00	
с. –	Full Name (Last, First, Middle Initial) Dr. Richard A. Mesher		Date of Receipt
	Mailing Address 4852 E Mercer Way	,	04 / D D / Y Y Y Y 04 25 2008
	City	State Zip Code	Transaction ID: 27774424
	Mercer Island	WA 98040-4736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Group Health Permanente	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional	l)	3000.00
F	TOTAL This Period (last page this line numl	<u> </u>	

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 14/32           (check only one)         11a           X         11a           13         14           15         16
Any information copie or for commercial put	ed from such Reports and Sirposes, other than using the	tatements may name and add	⊥ y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ Full Name (Last, I Dr. Michael A. Sloa	First, Middle Initial)			Date of Receipt
	1527 Pleasant Harbour	r Way		04 25 2008
City		State	Zip Code	Transaction ID: 27774430
<u>Tampa</u> FEC ID number o federal political co			33602-5966	Amount of Each Receipt this Period 1000.00
Name of Employe University of Sout		Occupation Physician		_
da Receipt For: Primary Other (spec	General ify) <b>▼</b>		Year-to-Date ▼ 1000.00	]
Dr. Rosabel R. You	Ocean View Drive			Date of Receipt
City Running Spring	Box # 2280	State CA	Zip Code 92382	Transaction ID: 27774496 Amount of Each Receipt this Period
FEC ID number o federal political co	f contributing	C		1000.00
Name of Employe CNS, Inc.	r	Occupation Physiciar		_
Receipt For: Primary Other (spec	General ify) <b>▼</b>		e Year-to-Date V 1000.00	]
Full Name (Last, I Dr. Stephen G. Vin Mailing Address	First, Middle Initial) cent 155 Whisper Cove			Date of Receipt
City		State	Zip Code	Transaction ID: 27774507
Idaho Falls FEC ID number o federal political co		C	83404-7407	Amount of Each Receipt this Period
Name of Employe Eastern Idaho Ne Assoc	r urology	Occupation Physiciar		
Receipt For: Primary Other (spec	General ify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 1000.00	
	ninto This Dago (antional)	<u> </u>		3000.00

S	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/32
IT			for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 10 11 12 12
Ar	y information copied from such Reports and S for commercial purposes, other than using the	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Profe	fessional Asso	ociation BrainPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Joseph Kass	Date of Receipt		
	Mailing Address 1504 Taub Loop Ben Taub General Hos	spital		M M / D D / Y Y Y Y 04 25 2008
	City	State	Zip Code	Transaction ID: 27774568
	Houston	TX	77030-1608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baylor College of Medicine	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
В.	Full Name (Last, First, Middle Initial) Dr. David Lee Gordon			Date of Receipt
	Mailing Address 4111 Crimson Bluff Way			04 <sup>//</sup> 25 <sup>//</sup> 2008
	City State		Zip Code	Transaction ID: 27774570
	Edmond	OK	73034-1035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer University of Oklahoma	Occupation Professor	and Chair	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary   General     Other (specify)	0 0	1000.00	]
 C.	Full Name (Last, First, Middle Initial) Dr. Awais Riaz	1		Date of Receipt
	Mailing Address 4454-A Kelmscott Land	ie		0 4 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 27774574
	Salt Lake City	UT	84124-2580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ. of Utah	Occupation Neurologi		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number	<sup>r</sup> only)		

				FOR LINE NUMBER: PAGE 16/32
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Г		_		13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Prof	fessional As	ssociation BrainPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Allen L. Gee			Date of Receipt
	Mailing Address 720 Lindsay Ln Ste C			04 25 YYYYY 04 2008
	City	State	Zip Code	Transaction ID: 27774635
	Cody	WY	82414-4103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Frontier Neurosciences	Occupatio		7
		Physicia		
	Receipt For: Primary General	Aggregat	te Year-to-Date	_
	Other (specify) $rightarrow$		1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Carmel Armon			Date of Receipt
	Mailing Address 99 Pinewood Drive			M M / D D / Y Y Y Y 0 4 25 2008
	City	State	Zip Code	Transaction ID: 27774643
	Longmeadow	MA	01106-1639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Baystate Medical Center	Occupation Chief of	on f Neurology	
	Receipt For:		te Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Walter J. Koroshetz	1		Date of Receipt
υ.	Mailing Address 7808 Stable Way			$\begin{array}{c c} & \text{Date of Receipt} \\ \hline \\ & 0 4 \\ \end{array} \begin{array}{c} \text{D} & \text{D} \\ 2 5 \\ \end{array} \begin{array}{c} \text{Y} & \text{Y} \\ 2 0 0 8 \\ \end{array}$
	City	State	Zip Code	Transaction ID: 27774729
	Potomac	MD	20854-1791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mass General Hospital,Nat-	Occupation Neurolog		
	ional Institu Receipt For:	- I - I	te Year-to-Date 🛡	
	Primary General	Aggregat		
	Other (specify)		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2250.00
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	IVIAL THIS I CHOU (IAST PAYE THIS INTE HUITIDE	(iiiy)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17/32 (check only one)
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	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)		
	American Academy of Neurology Pro	fessional Association BrainPAC	
, A.	Full Name (Last, First, Middle Initial) Dr. Jack W. Tsao	Date of Receipt	
	Mailing Address 9211 Bardon Rd		04 / 25 / Y Y Y Y 04 25
	City	State Zip Code	Transaction ID: 27774733
	Bethesda	MD 20814-2858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Department of Defense	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary     General       Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Darryl C. De Vivo		Date of Receipt
	Mailing Address 710 W 168th St	M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: 27774735
	New York	NY 10032-2603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Columbia University	Occupation Physician/Professor	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	1000.00	
с.	Full Name (Last, First, Middle Initial) Dr. Michael J. Kaminski		Date of Receipt
	Mailing Address 2307 Valley Brook Ro	pad	04 / 25 / Y Y Y Y 04 25
	City	State Zip Code	Transaction ID: 27782668
	Nashville	TN 37215-2016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St. Thomas Neurology Group	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional) .	•	3000.00
Ī	TOTAL This Period (last page this line numbe	r only)	

Any information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other than using the name and address of any point of the commercial purposes, other the commercondetees, other the commercial purposes, othe	ainPAC         Date of Receipt         0 4       2 5         2 0 0 8         Transaction ID: 27783089
American Academy of Neurology Professional Association Bit         Full Name (Last, First, Middle Initial)         Dr. Arastoo T. Nabizadeh-Eraghi         Mailing Address       13930 Mandarin Oaks Lane         City       State       Zip Coc         Jacksonville       FL       32223-         FEC ID number of contributing federal political committee.       C       Image: Coc         Name of Employer       Occupation Neurologist       Occupation         Receipt For:       Primary       General       Image: Coc         Other (specify)       Full Name (Last, First, Middle Initial)       Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.       C         City       State       Zip Coc         Mailing Address       405 E San Marino Dr.       C         City       State       Zip Coc         Mailing Address       405 E San Marino Dr.       C         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       C       Image: Coc         Name of Employer       Occupation       Occupation	Date of Receipt           0 4         2 5         Y Y Y Y Y           e         Transaction ID: 27783089
A.       Dr. Arastoo T. Nabizadeh-Eraghi         Mailing Address       13930 Mandarin Oaks Lane         City       State       Zip Coc         Jacksonville       FL       32223-         FEC ID number of contributing federal political committee.       C       Image: Committee interval inter	e Transaction ID: 27783089
City       State       Zip Coc         Jacksonville       FL       32223-         FEC ID number of contributing federal political committee.       C       C         Name of Employer       Occupation       Neurologist         Receipt For:       Other (specify) ♥       Aggregate Year-to-Date         Primary       General       Other (specify) ♥         Full Name (Last, First, Middle Initial)       Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	e 0 4 2 5 2 0 0 8 Transaction ID: 27783089
Jacksonville       FL       32223-         FEC ID number of contributing federal political committee.       C       C         Name of Employer Self       Occupation Neurologist         Receipt For:       Primary       General Other (specify) ▼         Other (specify) ▼       Aggregate Year-to-Date for the specify)         Full Name (Last, First, Middle Initial)       Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation	
FEC ID number of contributing federal political committee.       C         Name of Employer Self       Occupation Neurologist         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       Aggregate Year-to-Date         Full Name (Last, First, Middle Initial)       Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.         City       State       Zip Coor         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation	2517 Amount of Each Receipt this Period
federal political committee.       Occupation         Name of Employer       Occupation         Self       Neurologist         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)         Dr. Ralph L. Sacco       Mailing Address         Mailing Address       405 E San Marino Dr.         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation	
Self       Neurologist         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial)         Dr. Ralph L. Sacco       Mailing Address         Mailing Address       405 E San Marino Dr.         City       State       Zip Coor         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       Occupation	1000.00
Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	€ ▲
Dr. Ralph L. Sacco         Mailing Address       405 E San Marino Dr.         City       State       Zip Coc         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	1000.00
Mailing Address       405 E San Marino Dr.         City       State       Zip Coor         Miami Beach       FL       33139-         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation	Date of Receipt
Miami Beach     FL     33139-       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation	
FEC ID number of contributing federal political committee.  Name of Employer University of Miami	e Transaction ID: 27783434
federal political committee.	Amount of Each Receipt this Period
Linivorcity of Miami	1000.00
Receipt For: Aggregate Year-to-Date	
Primary     General       Other (specify) ▼	1000.00
Full Name (Last, First, Middle Initial) Dr. Francis I. Kittredge, Jr.	Date of Receipt
Mailing Address 340 Howard Street	0 4 / D D / Y Y Y Y 2 5 2 0 0 8
City State Zip Coo	e Transaction ID: 27783920
Bangor ME 04401-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer American Health Centers, Inc. Occupation Physician	
Receipt For: Aggregate Year-to-Date	
Primary  General    Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	2 ▼ 1000.00
SUBTUTAL UL NECEIPIS THIS FAYE (UPLIUITAI)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19/32           (check only one)			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for 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 Prot	fessional Association BrainPAC				
⊻ 4.	Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry		Date of Receipt			
	Mailing Address 300 E 33rd St Apt 16	M M / D D / Y Y Y Y 04 / 25 / 2008				
	City	State Zip Code	Transaction ID: 27784387			
	New York FEC ID number of contributing federal political committee.	NY 10016-9419	Amount of Each Receipt this Period			
	Name of Employer NYU School of Medicine	Occupation Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
- 3.	Full Name (Last, First, Middle Initial) Dr. Elliott G. Gross Mailing Address 65 Horseshoe Hill Rd	•	Date of Receipt			
			04 25 2008			
	City Pound Ridge	State Zip Code NY 10576-1636	Transaction ID: 27784744 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Self	Occupation Neurologist				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
- ).	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee	1	Date of Receipt			
	Mailing Address 1199 Sennebec Rd		M M / D D / Y Y Y Y 04 25 2008			
	City	State Zip Code	Transaction ID: 27785152			
	Union FEC ID number of contributing federal political committee.	ME 04862-4628	Amount of Each Receipt this Period			
	Name of Employer Penobscot Bay Medical Cen- ter	Occupation Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Γ		1	3000.00			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 32 (check only one)	
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Prof	essional Association BrainPAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Rita M. Richardson	Date of Receipt		
	Mailing Address 5316 Belmont Road		M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: 27785507	
	Grand Forks	ND 58201-8040	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Altru Health Systems	Occupation Neurologist		
	Receipt For:	Aggregate Year-to-Date ▼	7	
	Other (specify)	500.00	]	
в.	Full Name (Last, First, Middle Initial) Dr. Teshamae Monteith		Date of Receipt	
	Mailing Address 237 E 20th St Apt 3D		M         M         /         D         D         /         Y	
	City	State Zip Code		
	New York	NY 10003-1806	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	975.00	
	Name of Employer NYU Medical Center	Occupation Resident		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	985.00		
C.	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones	I	Date of Receipt	
	Mailing Address 212 Bay Spring Ave		M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: 27786833	
	Barrington	RI 02806-1332	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Southern New England Neur- ology	Occupation Physician		
	Receipt For:	Aggregate Year-to-Date		
	Other (specify)	500.00		
	SUBTOTAL of Receipts This Page (optional)	·	1975.00	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21/32
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Summary Page	X 11a 11b 11c 12
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	Any information copied from such Reports and S 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 Profe	essional Association B	rainPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Teshamae Monteith	Date of Receipt		
	Mailing Address 237 E 20th St Apt 3D	M M / D D / Y Y Y Y 0 4 30 2008		
	City	State Zip Coo	de	Transaction ID: 27826926
	New York	NY 10003-	1806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer NYU Medical Center	Occupation		-
		Resident		
	Receipt For:	Aggregate Year-to-Dat	ie 🔻	
	Primary General Other (specify) ▼		1000.00	
		0 0 0 0	0 0 0 0	
в.	Full Name (Last, First, Middle Initial) Mr. Rod Larson	•		Date of Receipt
	Mailing Address 4418 Xerxes Avenue South			M M / D D / Y Y Y Y
	City State Zip Code			04 30 2008
	Minneapolis	MN 55410-		Transaction ID: 27830878 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer American Academy of Neuro-	Occupation		
	logy Receipt For:	Deputy Exec. Direc		
	Primary General	Aggregate Year-to-Dat	e •	
	Other (specify) ▼		1000.00	
с.	Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer	1		Date of Receipt
0.	Mailing Address 711 Haverford Ave			
				05 16 2008
	City	State Zip Coo		Transaction ID: 27884998
	Pacific Palisades	CA 90272-	-4313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UCLA Dept. of Clinical Ne-	Occupation		
	urophysiology Receipt For:	Physician	<b>T</b>	_
	Primary General	Aggregate Year-to-Dat		
	Other (specify)	0 0 0 0 0	1000.00	
		1		1765.00
	SUBTOTAL of Receipts This Page (optional)		····· •	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 22 / 32           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may sing the name and add	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Neurolog	y Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Marcus C. Rice			Date of Receipt
Mailing Address 6161 Kempsville	e Cir Ste 315		M M / D D / Y Y Y Y 05 20 2008
City	State	Zip Code	Transaction ID: 27918386
Norfolk	VA	23502-3932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Neuroconsultants of Tidew-	Occupatio Physicial		
ater Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley			Date of Receipt
Mailing Address 55 Grace Churc	05 20 2008		
City	State	Zip Code	Transaction ID: 27936865
Rye	NY	10580-3926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer The Neurological Institute of NY Receipt For: Primary General Other (specify) ▼	Occupatio Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Robert W. Hamill			Date of Receipt
Mailing Address 89 Beaumont De Neurology Dept	r, Given C225		M M / D D / Y Y Y Y 05 22 2008
City	State VT	Zip Code	Transaction ID: 27942922
Burlington FEC ID number of contributing federal political committee.	C	05405-0001	Amount of Each Receipt this Period 1000.00
Name of Employer University of Vermont	Occupatio Professo	n r of Neurology	
Receipt For: Primary General Other (specify) ▼	I .	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)		2500.00

•	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 / 32 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
4	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pre	ofessional Association BrainPAC	
⊻ A.	Full Name (Last, First, Middle Initial) Dr. Rene Gomez	Date of Receipt	
	Mailing Address 7 Michael Way		M M / D D / Y Y Y Y 06 / 05 / 2008
	City	State Zip Code	Transaction ID: 27988153
	Pennington	NJ 08534-9610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1000.00
	Name of Employer Lawrenceville Neurology Ctr	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	1000.00	
– B.	Full Name (Last, First, Middle Initial) Dr. Pedro W. Tirado		Date of Receipt
	Mailing Address 2320 S Seacrest Blv	06 / Y Y Y Y 08 14 2008	
	City	State Zip Code	Transaction ID: 28046965
	Boynton Beach	FL 33435-6516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Neurology Associates of Palm Beach, P.	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary   General     Other (specify)	500.00	
	Full Name (Last, First, Middle Initial) Dr. Manmohan Nayyar	1	Date of Receipt
	Mailing Address 15007 Pamlico Rd		M M / D D / Y Y Y Y 06 26 2008
	City	State Zip Code	Transaction ID: 28117778
	Apple Valley	CA 92307-5005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer High Desert Neuro-Diagnos- tic Med. Grp.	Occupation Physician	
	Receipt For: Primary General Other (specify) $\bigtriangledown$	Aggregate Year-to-Date ▼ 1000.00	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 24/32           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17		
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to				
	NAME OF COMMITTEE (In Full) American Academy of Neurology Profes	ssional Ass	ociation BrainPAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Awais Riaz			Date of Receipt		
	Mailing Address 4454-A Kelmscott Lane			M         M         /         D         D         /         Y		
City State		State	Zip Code	Transaction ID: 28123022		
	Salt Lake City	UT	84124-2580	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C		250.00		
	Name of Employer Univ. of Utah	Occupation Neurologi				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 500.00			

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	44970.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE I	NUMBE	R:			P	AGE	25 /	32
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u> </u>	1b	22 28a	X	23 28b		24 28c		25 29	
ny Information copied from such Reports and Statem												
for commercial purposes, other than using the name	e and address of any political	com	mittee	to soli	cit contr	ributi	ons t	rom	1 such	com	mittee	
NAME OF COMMITTEE (In Full) American Academy of Neurology Professio	nal Association BrainPA	AC										
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Full Name (Last, First, Middle Initial) Pat Roberts For US Senate Inc					<b>Trans</b> Date		sburs	sem		743 <sup>-</sup>	1	
Mailing Address PO Box 433					0 <sup>M</sup> 4	M	D	0 2		ŶŹ	źoò	8 <sup>Y</sup>
	State Zip Code KS 67530				Amou	int of	Eacl	h D	isburs	-	-	
Purpose of Disbursement										1	0.00	0
Political Contribution Candidate Name			011 ategory									
Sen. Pat Roberts			Type	'								
Office Sought: House Disburse X Senate President State: KS District:	ment For: 2008 Primary X General Other (specify) ▼	1			Politic	cal (	Conti	ribı	ution			
Full Name (Last, First, Middle Initial)					Trer		on 10	<b>`</b> .	2764	070/	<u> </u>	
Charles Boustany Jr Md For Congress Inc					Date (				-	0790	J	
Mailing Address PO Box 80126					0 <sup>M</sup> 4	М	D	08	<b>B</b> /	Y Z	źoò	8 <sup>Y</sup>
	State Zip Code LA 70598				Amou	int of	Eacl	h D	isburs		-	
Purpose of Disbursement Candidate Contribution			011							10	0.00	0
Candidate Name Rep. Charles W. Boustany, Jr.		Ca	ategory Type	//								
Office Sought: X House Disburse Senate President State: LA District: 07	ment For: 2008 Primary X General Other (specify) ▼				Cand	idat	e Co	ontr	ibutio	n		
Full Name (Last, First, Middle Initial)					Trans	acti	on ID	):	2776	916	5	
John Sullivan For Congress Inc					Date				-		-	
Mailing Address Post Office Box 470840					<sup>™</sup> 4	М	D	24	) /	Y Z	źoò	8 <sup>Y</sup>
	State Zip Code OK 74147				Amou	int of	Eacl	h D	isburs		-	
Purpose of Disbursement Campaign Contribution			011		L.						500.0	0
Candidate Name Rep. John Sullivan			ategory Type	//								
	ment For: 2008 Primary X General Other (specify) ▼		• 160		Camp	baig	n Co	ontr	ributio	'n		
				•						25	00.0	0
<b>SUBTOTAL</b> of Disbursements This Page (optional).				_		_	_	-		-		

SCHEDULE	B (FEC Form 3	3X)	Use separate schedule(s)					INE NUMBER: PAGE 26 / 32									
TEMIZED D	ISBURSEMEN <sup>-</sup>	TS for each	category of the Summary Page	ļ	(check o 21b 27	inly o	ne) 22 28a	X 23 28b	F	24 280	, [	25 29	F	26			
	pied from such Reports																
•	ourposes, other than usin	ng the name and addre	ss of any political c	omn	nittee to	SOLICI	t contr	ibutions fi	rom	such	CC	mmitte	е				
\	MMITTEE (In Full) ademy of Neurology	Professional Assoc	ciation BrainPAC	2													
•	t, First, Middle Initial) hn Barrasso Commi	ttee						action ID			28	57					
Mailing Addres	s 406 Virginia Ave	Э.,				_	0 <sup>M</sup> 4	M / D	2 <sup>D</sup>	/	Y	² o č	8				
City		State	Zip Code				Amou	nt of Eacl	n Dis	sburs	err	nent this	s Per	iod			
Alexandria		VA	22302			_			÷.		_	1000.	00				
Purpose of Dis Campaign Con				C	011		<u> </u>					1000.	00				
Candidate Nam Sen. John Ba					egory/ ype												
Office Sought: State: WY	House X Senate President District:	Disbursement For: Primary Other (spe	2008 X General ecify) <b>▼</b>				Camp	aign Co	ntril	butio	on						
Full Name (Las	t, First, Middle Initial)						Trans	action ID	): 2	2781	28	90					
Becerra For	Congress							of Disburs		-		•••		_			
Mailing Addres	s P.O. Box 26106	60					0 <sup>M</sup> 4	M / D	29	/	Y	² o ở	8				
City Los Angeles		State CA	Zip Code 90026				Amou	nt of Eacl	n Dis	sburs	err		-	iod			
Purpose of Dis Campaign Con				C	)11		L.				_	1000.	00				
Candidate Nam Rep. Xavier I	Becerra				egory/ ype												
Office Sought: State: CA	X House Senate President District: 31	Disbursement For: Primary Other (spe	2008 X General ecify) ▼			(	Camp	aign Co	ntril	butic	on						
Full Name (Las	t, First, Middle Initial)						Trans	action ID	): 2	2781	28	91					
Stupak For C	Congress							of Disburs	-	ent	_						
Mailing Addres	s 817 Ninth Aven PO Box 143	ue P.O. Box 156					<sup>™</sup> 4	M / D	29	/	Y	² 0 č	8				
City Menominee		State MI	Zip Code 49858				Amou	nt of Eacl	n Dis	sburs	err			iod			
Purpose of Dis Campaign Con	tribution			C	)11		L.				_	1000.	00				
Candidate Nam Rep. Bart Stu					egory/ ype												
Office Sought: State: MI	X House Senate President District: 01	Disbursement For: Primary Other (spe	2008 X General ecify) ▼				Camp	aign Co	ntril	butio	on						
	ahumananta Thia Daara	(optional)			🕨			v v	v			3000.	00				

CHEDULE B (FEC Form 3X)				FC		NUMBE	R:			PA	GE	27/3	32
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the			neck onl	y one)							
	Detailed	Summary Page		H	21b 27	22 28a		23 28b		4 8c	Н	25 29	Н
ny Information copied from such Reports and Stater	nents may no	ot be sold or used	d by	any							ntrib	-	 ;
r for commercial purposes, other than using the nam	ne and addres	ss of any political	con	nmitt	ee to so	licit contri	ibutic	ons fro	om suo	ch c	omm	ittee	
American Academy of Neurology Professi	onal Assoc	ciation BrainPA	AC:										
Full Name (Last, First, Middle Initial)						Trans			-	306	621		
Matheson For Congress						Date o	of Dis			Y	Y	Y	Y
Mailing Address PO Box 521048 Suite A						05		0	<b>6</b>	Ĺ	2	οòε	3
City Salt Lake City	State UT	Zip Code 84152				Amou	nt of	Each	Disbu	rser	nent	this F	Perio
Purpose of Disbursement				v	-						10	00.00	2
Campaign Contribution				01									
Candidate Name Rep. James D. Matheson				ateg Typ	-								
Office Sought: X House Disburs Senate President State: UT District: 02	ement For: Primary Other (spe	2008 X General ecify) ▼				Camp	aigr	ı Cor	ntribut	tion			
Full Name (Last, First, Middle Initial)													
Berkley For Congress						Trans Date o	of Dis	burse	ement	306			_
Mailing Address 3069 Conquista Court						05	M /	0	6 /	Y	ž	ο ὁ ε	3 <sup>Y</sup>
City	State	Zip Code				Amou	nt of	Each	Disbu	rser	nent	this F	Perio
Las Vegas	NV	89121								U	10	00.00	n
Purpose of Disbursement Campaign Contribution				01	1						10	00.00	
Candidate Name Rep. Shelley Berkley				ateg Typ	ory/								
Office Sought: X House Disburs Senate President State: NV District: 01	ement For: Primary Other (spe	2008 X General ecify) ▼				Camp	aigr	ı Cor	ntribut	tion			
Full Name (Last, First, Middle Initial)						Trans	actio	n ID:	278	3519	999		
Mcconnell Senate Committee '08						Date o		burse	ement				
Mailing Address PO Box 1496						05	VI /	<sup>D</sup> 1	<sup>D</sup> 2	Y	ž	οòε	3 <sup>Y</sup>
City	State	Zip Code				Amou	nt of	Each	Disbu	rser	nent	this F	Perio
Louisville	KY	40201					-	-			10	00.00	n
Purpose of Disbursement Campaign Contribution Re-designated funds for the	rans. dated 4	/29/2008		01	1						.0	55.00	
Candidate Name Sen. Mitch McConnell				ateg Typ	ory/		o						
X Senate X President	ement For: Primary Other (spe	2008 General cify) ▼				[MEM Camp desigr s. date			ntribut ds fo 2008	tion r tra	Re- an-	-	
State: KY District:													
SUBTOTAL of Disbursements This Page (optional)					•		-				200	0.00	)

CHEDULE E	B (FEC Form 3	3X) Use ser						FOR LINE NUMBER:									
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		and Statements may r			/ persor	n for th	ne pur	pose of s		ting c	ont	ribution		30			
NAME OF COM	, ,	Professional Asso	ciation BrainPA	C													
Full Name (Last, Rangel For Co	First, Middle Initial) ngress							action ID f Disburs			941	0					
Mailing Address	PO Box 5577 Manhattanville	Sta					05	и / D	14	/	Y	²oŏ	8 <sup>Y</sup>				
City New York		State NY	Zip Code 10027			A	Amour	nt of Each	ו Dis	burs	_	-	Û	od			
Purpose of Disbu Campaign Contril				0.							1	1000.0	0				
Candidate Name Rep. Charles E				Cate Ty													
Office Sought: State: NY	X House Senate President District: 15	Disbursement For: Primary Other (sp	2008 X General ecify) ▼			С	amp	aign Co	ntril	outio	'n						
Full Name (Last, Coleman For S	First, Middle Initial) Senate 08						Date o	f Disburs	eme		-		V				
Mailing Address	680 Transfer Ro	oad Suite A					0 5		1 <sup>D</sup>			ž o ŏ	8 '				
City St Paul		State MN	Zip Code 55114			A	Amour	nt of Each	ו Dis	burs	_		0	od			
Purpose of Disbu Campaign Contril Candidate Name Sen. Norm Col	oution			0 <sup>-</sup> Cate	gory/							1500.0	i0				
Office Sought: State: MN	House X Senate President District:	Disbursement For: Primary Other (sp	2008 X General ecify) ▼	Ту	pe	С	amp	aign Co	ntril	outio	'n						
Full Name (Last, Friends Of Gor	First, Middle Initial) don Smith						Date o	<b>action ID</b> f Disburs	eme		581	9					
Mailing Address	228 S Washing	ton Ste 115				1	05		21		Y	ž o ŏ	8 <sup>×</sup>				
City Alexandria		State VA	Zip Code 22314			A	Amour	nt of Each	ו Dis	burs				od			
Purpose of Disbu Campaign Contril				0							1	1000.0	0				
Candidate Name Sen. Gordon H			0000	Cate Ty	gory/ pe	_											
Office Sought: State: OR	House X Senate President District:	Disbursement For: Primary Other (sp	2008 X General ecify) ▼			C	amp	aign Co	ntril	outio	'n						
	oursements This Page	e (optional)			►						3	500.0	Q				

CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER	PAGE 29/32
	Use separate sche for each category o		(check only	/ one)	
	Detailed Summary		21b 27	22 X 23 28a 28t	24 25 28c 29
ny Information copied from such Reports and State	ments may not be sold	or used by			
r for commercial purposes, other than using the nar	ne and address of any p	political cor	mmittee to so	licit contributions	from such committee
NAME OF COMMITTEE (In Full)					
American Academy of Neurology Profess	ional Association Bi	ainPAC			
Full Name (Last, First, Middle Initial)					<b>D</b> : 27942838
Citizens For Harkin				Date of Disbu	
Mailing Address P O Box 811				05	
City	State Zip Cod	e		Amount of Ea	ch Disbursement this Perio
Des Moines	IA 50304				1000.00
Purpose of Disbursement Campaign Contribution			011		1000.00
Candidate Name		C	Category/		
Sen. Tom Harkin			Туре		
Office Sought: House Disburs	sement For: 200 Primary X Ge	-		Campaign C	ontribution
President	Other (specify)				
State: IA District:					
Full Name (Last, First, Middle Initial) Collins For Senator				Transaction I Date of Disbu	<b>D:</b> 27944754
				M M / I	
Mailing Address PO Box 1096				05	
City Bangor	State Zip Code ME 04402	e		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement	WIL 04402				1000.00
Campaign Contribution			011		
Candidate Name Sen. Susan M. Collins		C	Category/ Type		
Office Sought: House Disburs	sement For: 200	8		Campaign C	ontribution
		eneral		Campaign C	Ontribution
State: ME District:	Other (specify)				
Full Name (Last, First, Middle Initial)				Transaction I	<b>D:</b> 27968035
Heather Wilson For Senate				Date of Disbu	rsement
Mailing Address PO Box 14070				05	<b>30</b> / <b>2008</b>
P.O. Box 14070	State Zip Code	e		Amount of Ea	ch Disbursement this Perio
Albuquerque	NM 87191				500.00
Purpose of Disbursement Campaign Contribution			011		500.00
Candidate Name Heather Wilson		C	Category/		
	sement For: 200	 18	Туре		
		eneral		Campaign C	ontribution
President State: NM District:	Other (specify)				
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SCHEDULE B (FEC Form 3X)		ate schedule(s)			R LINE		R:			PA	GE	30 / 3	82
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American Academy of Neurology Profession	onal Associ	ation BrainPA	C										
Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign						Date	of Di	on ID: sburse	ement				
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Candidate Name Rep. Gene Green			С	ateg Typ									
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Mailing Address P.O. Box 61337						06		1	D 0	Ľ	2	0 ð 8	_
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onl	NUMBER: y one)	PAGE 31 / 32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29
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American Academy of Neurology Profess	sional Association BrainPA	AC		
Full Name (Last, First, Middle Initial) John Shadeggs Friends			Transaction ID: 2 Date of Disburseme	
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Candidate Name Rep. John B. Shadegg		Category/ Type		
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Full Name (Last, First, Middle Initial) Hawkeye PAC			Transaction ID: 2 Date of Disburseme	
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City Seattle	State Zip Code WA 98124		Amount of Each Dis	sbursement this Period
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Candidate Name Sen. Patty Murray		Category/ Type		
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City Richmond	State Zip Code VA 23226				Amou	int of	f Each	Dis	burse	-		
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