

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 509b 2nd St NE Lower Level Washington DC 20002 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09/01/2012 through 09/30/2012

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

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 10/15/2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		155948.02
(b) Cash on Hand at Beginning of Reporting Period.....	63982.02	
(c) Total Receipts (from Line 19)	29374.00	207082.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93356.02	363030.23
7. Total Disbursements (from Line 31).....	32000.00	301674.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61356.02	61356.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17914.00	144004.00
(ii) Unitemized	6460.00	50654.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24374.00	194658.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24374.00	194658.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	8900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3524.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	29374.00	207082.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29374.00	207082.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	297150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements	0.00	3524.21
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32000.00	301674.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	301674.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24374.00	194658.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24374.00	193658.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Drasko Simovic
Full Name (Last, First, Middle Initial)

Mailing Address 50 Prospect St Rm 404

City Lawrence State MA Zip Code 01841-2838

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35198902

Amount of Each Receipt this Period
 1000.00

B. Dr. Joseph Jankovic
Full Name (Last, First, Middle Initial)

Mailing Address 6550 Fannin St Ste 1801
Department of Neurology

City Houston State TX Zip Code 77030-2744

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

Name of Employer Baylor College Of Medicine Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35198908

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3229 Preston Hollow Rd

City Fort Worth State TX Zip Code 76109-2052

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35203431

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7711 Louis Pasteur Dr Ste 914

City San Antonio	State TX	Zip Code 78229-3424
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : 35203521

Amount of Each Receipt this Period
500.00

B. Dr. Donald S. Gervais Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8120 Main St Ste 400

City Houma	State LA	Zip Code 70360-3403
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FEC ID number of contributing federal political committee. **C**

Name of Employer Southeast Neuroscience Center of Excel	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : 35206493

Amount of Each Receipt this Period
2000.00

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

Mailing Address 160 W. 66th St Apt. 22J

City New York	State NY	Zip Code 10023
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : 35207725

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Judy S. Fine-Edelstein
Full Name (Last, First, Middle Initial)

Mailing Address 27 Saddle Club Road

City Lexington State MA Zip Code 02420-2121

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2012

Transaction ID : 35222160

Amount of Each Receipt this Period
 250.00

B. Dr. Mariecken V. Fowler
Full Name (Last, First, Middle Initial)

Mailing Address 309 Courtfield Ave
Winchester Neurological Consul

City Winchester State VA Zip Code 22601-3203

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

Name of Employer Winchester Neurological Consultants Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2012

Transaction ID : 35267700

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087

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

Name of Employer Children's Hospital and Med. Center of Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35278960

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Glen R. Finney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9235 NW 26th Avenue
 City Gainesville State FL Zip Code 32606-9180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : 35278962
 Amount of Each Receipt this Period
 84.00

B. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Dunstan Rd
 City Houston State TX Zip Code 77005-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : 35278968
 Amount of Each Receipt this Period
 85.00

C. Dr. Ralph F. Jozefowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Lac Kine Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : 35278970
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 419.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Joseph S. Kass
Full Name (Last, First, Middle Initial)

Mailing Address One Baylor Plaza NB-302

City Houston State TX Zip Code 77030

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 09 / 17 / 2012
Transaction ID : 35278972

Amount of Each Receipt this Period
50.00

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 09 / 17 / 2012
Transaction ID : 35278974

Amount of Each Receipt this Period
100.00

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

Mailing Address 610 E Palisade Ave

City Englewood Cliffs State NJ Zip Code 07632-1801

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt
 09 / 17 / 2012
Transaction ID : 35278978

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 17 / 2012**

Transaction ID : 35279268

Amount of Each Receipt this Period **100.00**

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

Mailing Address 4454-A Kelmescott Lane

City Salt Lake City State UT Zip Code 84124-2580

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 17 / 2012**

Transaction ID : 35279769

Amount of Each Receipt this Period **250.00**

C. Dr. Dariush Saghafi
Full Name (Last, First, Middle Initial)

Mailing Address 2741 Belgrave Rd

City Pepper Pike State OH Zip Code 44124-4601

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

Name of Employer Parma Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **09 / 17 / 2012**

Transaction ID : 35280184

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Jeremy M. Shefner
Full Name (Last, First, Middle Initial)

Mailing Address 7994 Everglades Dr

City Manlius State NY Zip Code 13104-8501

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

Name of Employer SUNY Upstate Medical University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35281144

Amount of Each Receipt this Period
250.00

B. Dr. Alan G. Stein
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Punchbowl St

City Honolulu State HI Zip Code 96813-2402

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

Name of Employer The Queen's Medical Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35281276

Amount of Each Receipt this Period
125.00

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

Mailing Address 127 Brookview Ave

City Fairfield State CT Zip Code 06825-1867

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35281280

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. M Barry Loudon Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4179

City Parkersburg State WV Zip Code 26104-4179

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

Name of Employer Parkersburg Neurological Associates, I Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 20 / 2012
Transaction ID : 35300929

Amount of Each Receipt this Period
1000.00

B. Dr. Terri Andrea Edwards-Lee
Full Name (Last, First, Middle Initial)

Mailing Address 773 Edmondson Pike

City Brentwood State TN Zip Code 37027-8206

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

Name of Employer Neurology Specialists of Middle TN Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 21 / 2012
Transaction ID : 35301059

Amount of Each Receipt this Period
1000.00

C. Dr. Jorge T. Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 1280 Dow Dr

City Alpena State MI Zip Code 49707

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 26 / 2012
Transaction ID : 35313269

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Larry Charleston IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 5841 West River Dr NE
 City Belmont State MI Zip Code 49306-8806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Medical Group Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : 35318702
 Amount of Each Receipt this Period
 500.00

B. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : 35318845
 Amount of Each Receipt this Period
 100.00

c. Dr. Maureen A. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6059
 1617 Sylvester St SW
 City Olympia State WA Zip Code 98501-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madigan Army Medical Center / Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : 35318850
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Madeleine Geraghty
Full Name (Last, First, Middle Initial)

Mailing Address 1803 E Westminster Ln

City State Zip Code
Spokane WA 99223-8406

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

Name of Employer Occupation
Providence Stroke and TIA Clinic Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
09 / 28 / 2012
Transaction ID : 35318854

Amount of Each Receipt this Period
100.00

B. Dr. Todd J. Janus
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Muskogee Avenue

City State Zip Code
Des Moines IA 50312-4627

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

Name of Employer Occupation
Iowa Health Physicians Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 28 / 2012
Transaction ID : 35318856

Amount of Each Receipt this Period
100.00

C. Dr. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)

Mailing Address 2 Clearview Dr

City State Zip Code
Danville PA 17821

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

Name of Employer Occupation
Geisinger Health system Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 28 / 2012
Transaction ID : 35318861

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Brett M. Kissela
 Full Name (Last, First, Middle Initial)
 Mailing Address 9878 Zig Zag Road
 City Cincinnati State OH Zip Code 45252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : 35318864
 Amount of Each Receipt this Period **250.00**

B. Dr. Jerome Lisk
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 N Madison Ave Ste 410
 City Pasadena State CA Zip Code 91101-2049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Mvmnt Dis Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : 35318867
 Amount of Each Receipt this Period **100.00**

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

Date of Receipt **09 / 28 / 2012**
Transaction ID : 35318873
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Gregory T. Pupillo
Full Name (Last, First, Middle Initial)

Mailing Address 225 9th Street S,
City La Crosse State WI Zip Code 54601-4145

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

Name of Employer: Franciscan-Skemp Healthcare Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt: **09 / 28 / 2012**

Transaction ID : 35318876

Amount of Each Receipt this Period: **45.00**

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

Mailing Address 1199 Sennebec Rd
City Union State ME Zip Code 04862-4628

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

Name of Employer: Penobscot Bay Medical Center Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **09 / 28 / 2012**

Transaction ID : 35318878

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 2045 W. Concord Place, #405
City Chicago State IL Zip Code 60647

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

Name of Employer: Georgetown University Hospital Occupation: Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **09 / 28 / 2012**

Transaction ID : 35318880

Amount of Each Receipt this Period: **50.00**

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Bradford Lynn Talcott
Full Name (Last, First, Middle Initial)

Mailing Address 5636 Veil Dr

City Ammon State ID Zip Code 83406-8387

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

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 28 / 2012
Transaction ID : 35318883

Amount of Each Receipt this Period 125.00

B. Dr. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 11 Bellwether Way Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2012
Transaction ID : 35318885

Amount of Each Receipt this Period 100.00

C. Dr. William G. Preston
Full Name (Last, First, Middle Initial)

Mailing Address 232 Emerald Bay

City Laguna Beach State CA Zip Code 92651-1267

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

Name of Employer Saddleback Valley Neurosci. Med. Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2012
Transaction ID : 35318915

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1225.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. John Y. Choi
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Medical Cir Ste A
 City Winchester State VA Zip Code 22601-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Neurological Consultants Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : 35318917
 Amount of Each Receipt this Period
 1000.00

B. Dr. Vernon D. Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8550 Marshall Dr Ste 100
 City Lenexa State KS Zip Code 66214-9836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rowe Neurology Institute Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012
Transaction ID : 35319984
 Amount of Each Receipt this Period
 1000.00
 This contribution was refunded on 10/9/2012

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	17914.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Russ Carnahan In Congress Committee		Date of Receipt
Mailing Address PO Box 190033		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
St Louis	MO	63119
FEC ID number of contributing federal political committee.		Transaction ID : 35205545
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Bernie Sanders

Mailing Address PO Box 391

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Void - Friends Of Bernie Sanders

Candidate Name
Sen. Bernie Sanders

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VT District:

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2012

Transaction ID : 35212089

Amount of Each Disbursement this Period

1000.00

Void - Friends Of Bernie Sanders

Full Name (Last, First, Middle Initial)

B. Friends Of Bernie Sanders

Mailing Address PO Box 391

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Bernie Sanders

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VT District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220167

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Robert Latta

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220712

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

1000.00

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Steve Scalise

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220713

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Ellison For Congress

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Keith Ellison

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220714

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Michael F. Doyle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220716

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220717

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends For Jim Mcdermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220719

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Gingrey For Congress, Inc.

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Phil Gingrey M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220720

Amount of Each Disbursement this Period

500.00

Campaign Contribution

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Continuing a Majority PAC

Mailing Address 2501 Wisconsin Ave. NW
#304

City Washington State DC Zip Code 20007

Purpose of Disbursement
Leadership PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220723

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Mike Thompson

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

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 35220727

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Joe L. Barton

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

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : 35222708

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens For Harkin

Mailing Address P O Box 811

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Tom Harkin

Category/
Type

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237859

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Joseph J. Heck

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2012

Transaction ID : 35244048

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Blumenthal For Connecticut

Mailing Address C/O Cacace Tusch & Santagata
777 Summer St Suite 103

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278850

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278851

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Mccollum For Congress

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Betty McCollum

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278852

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278853

Amount of Each Disbursement this Period

4000.00

Campaign Contribution

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

7000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Gregory P. Walden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278855

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Henry Cuellar

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278859

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Braley For Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bruce Braley

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278860

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278861

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Larry Bucshon MD

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35278862

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : 35301599

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

3500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2012

Transaction ID : 35302013

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318397

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Void - People For Patty Murray

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318400

Amount of Each Disbursement this Period

-1000.00

Void - People For Patty Murray

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318401

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

32000.00
