

Fax:

Jan 31 2008 12:46pm P001/001

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2008 JAN 31 PM 2:24

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 Professional Association BrainPAC

ADDRESS (number and street)

1501 M St NW

Seventh Floor

Check if different than previously reported. (ACC)

Washington

DG

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00435833

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on

____ / ____ / ____

in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on

____ / ____ / ____

in the State of

5. Covering Period

07 / 01 / 2007

through

12 / 31 / 2007

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

Date

01 / 30 / 2008

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

20039612816

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2007

To:

MM / DD / YYYY
12 / 31 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		\$0.00
(b) Cash on Hand at Beginning of Reporting Period.....	\$0.00	
(c) Total Receipts (from Line 19).....	\$34,121.00	\$34,121.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$34,121.00	\$34,121.00
7. Total Disbursements (from Line 31).....	\$0.00	\$0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$34,121.00	\$34,121.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$0.00	



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

For further information contact:

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

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

28039612817

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2007

To:

MM / DD / YYYY
12 / 31 / 2007

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$33,801.00

\$320.00

\$34,121.00

\$0.00

\$0.00

\$34,121.00

\$33,801.00

\$320.00

\$34,121.00

\$0.00

\$0.00

\$34,121.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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.....

\$0.00

\$0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

\$0.00

\$0.00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

\$0.00

\$0.00

- (b) Levin Funds (from Schedule H5).....

\$0.00

\$0.00

- (c) Total 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)).....▶

\$34,121.00

\$34,121.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

\$34,121.00

\$34,121.00

28039612818

DETAILED SUMMARY PAGE
of Disbursements

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.....	\$0.00	\$0.00
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	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs).....	\$0.00	\$0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	\$0.00	\$0.00
29. Other Disbursements	\$0.00	\$0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	\$0.00	\$0.00
(ii) "Levin" Share	\$0.00	\$0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	\$0.00	\$0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	\$0.00	\$0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	\$0.00	\$0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$0.00	\$0.00

28039612819

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)	\$34,121.00	\$34,121.00
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$34,121.00	\$34,121.00
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

28039612820

**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 1 OF 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 Professional Association BrainPAC

A. Dr. Thomas R. Vidic
 Full Name (Last, First, Middle Initial)
 Mailing Address
 22642 Remington Ct.
 City State Zip Code
 Elkhart IN 46514-4674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Elkhart Clinic physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
09 / 21 / 2007
 Amount of Each Receipt this Period
\$1,000.00

B. Dr. Stephen M. Sergay
 Full Name (Last, First, Middle Initial)
 Mailing Address
 2919 W. Swann Ave. Ste. 401
 City State Zip Code
 Tampa FL 33609-4083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tampa Neurology Associates physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
09 / 24 / 2007
 Amount of Each Receipt this Period
\$1,000.00

C. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 Mailing Address
 2323 Dunstan Road
 City State Zip Code
 Houston TX 77005-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Park Plaza Hospital and Medical Center physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
10 / 12 / 2007
 Amount of Each Receipt this Period
\$1,000.00

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

\$3,000.00

28039612821

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 2 OF 12	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Anthony G. Alessi			Date of Receipt 10 / 12 / 2007	
Mailing Address 269 Broadway				
City Norwich	State CT	Zip Code 06360-3526		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$1,000.00	
Name of Employer Center for Medical Knowledge, LLC, et		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$1,000.00		

B. Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler			Date of Receipt 10 / 18 / 2007	
Mailing Address 58 Morton St				
City Needham	State MA	Zip Code 02494-1204		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$1,000.00	
Name of Employer Boston University Medical Center		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$1,000.00		

C. Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones			Date of Receipt 11 / 01 / 2007	
Mailing Address 212 Bay Spring Avenue				
City Barrington	State RI	Zip Code 02806-1332		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$1,000.00	
Name of Employer Southern New England Neurology		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

28039612822

**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 3 OF 12	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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

A. Dr. Susan B. Bressman Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 435 Lewelen Cir			11 / 01 / 2007
City Englewood	State NJ	Zip Code 07631-2024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			\$1,000.00
Name of Employer Philip Ambulatory Care Center, Beth Is	Occupation physician		Aggregate Year-to-Date ▼ \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Dr. Vinay Chaudhry Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 5 Springhill Farm Ct			11 / 01 / 2007
City Cockeysville	State MD	Zip Code 21030-1430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			\$1,000.00
Name of Employer Johns Hopkins Outpatient Center	Occupation physician		Aggregate Year-to-Date ▼ \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Dr. Robert C. Griggs Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 901 East Ave Apt A			11 / 01 / 2007
City Rochester	State NY	Zip Code 14607-2271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			\$1,000.00
Name of Employer Univ of Rochester Sch of Med	Occupation physician		Aggregate Year-to-Date ▼ \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

28039612823

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

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

FOR LINE NUMBER: PAGE 4 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

A. Dr. Timothy A. Pedley
Full Name (Last, First, Middle Initial)

Mailing Address
55 Green Acres Dr
City Rye State NY Zip Code 10580-3805

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

Name of Employer The Neurological Institute of NY Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$500.00

Date of Receipt
11 / 01 / 2007

Amount of Each Receipt this Period
\$500.00

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

Mailing Address
8 E Main St
City West Yarmouth State MA Zip Code 02673-8107

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 ▼
\$1,000.00

Date of Receipt
11 / 01 / 2007

Amount of Each Receipt this Period
\$1,000.00

C. Dr. Austin J. Sumner
Full Name (Last, First, Middle Initial)

Mailing Address
625 Saint Charles Ave Apt 11A
City New Orleans State LA Zip Code 70130-3430

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

Name of Employer LSU Health Sciences Center/Dept of Neu Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 01 / 2007

Amount of Each Receipt this Period
\$1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ **\$2,500.00**

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

28039612824

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

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

FOR LINE NUMBER: PAGE 5 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology Professional Association BrainPAC

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

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 Neuroscience Medical** Occupation **physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 02 / 2007

Amount of Each Receipt this Period
\$1,000.00

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

Mailing Address
948 18th Ave. E.

City **Seattle** State **WA** Zip Code **98112-3930**

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

Name of Employer **Swedish Neuroscience Institute, Swedis** Occupation **physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 03 / 2007

Amount of Each Receipt this Period
\$1,000.00

C. Full Name (Last, First, Middle Initial)
Dr. P. David Charles

Mailing Address
6509 Edinburgh Drive

City **Nashville** State **TN** Zip Code **37221-3707**

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

Name of Employer **Vanderbilt Univ Dept of Neuro** Occupation **physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 07 / 2007

Amount of Each Receipt this Period
\$1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ **\$3,000.00**

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

28039612825

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

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

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

A. Dr. Neil A. Busis		Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address 6934 Rosewood St.		11 / 08 / 2007
City State Zip Code Pittsburgh PA 15208-2639		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		\$1,000.00
Name of Employer Pittsburgh Neurology Center	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

B. Dr. Marc R. Nuwer		Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address 711 Haverford Ave		11 / 08 / 2007
City State Zip Code Pacific Palisades CA 90272-4313		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		\$2,500.00
Name of Employer UCLA Dept. of Clinical Neurophysiology	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$2,500.00	

C. Dr. Elizabeth R Traynor		Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address 67 Pinewood		11 / 08 / 2007
City State Zip Code Irvine CA 92604-3239		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		\$300.00
Name of Employer Saddleback Valley Neuroscience Medical	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$300.00	

SUBTOTAL of Receipts This Page (optional)	\$3,800.00
TOTAL This Period (last page this line number only)	

28039612826

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

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

FOR LINE NUMBER: PAGE 7 OF 12
(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 Professional Association BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Maureen A. Callaghan

Mailing Address
PO Box 6059

City State Zip Code
Olympia WA 98507-6059

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

Name of Employer Occupation
The Middleton Foundation / Olympia Neu physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 09 / 2007

Amount of Each Receipt this Period
\$1,000.00

B. Full Name (Last, First, Middle Initial)
Dr. Manmohan Nayyar

Mailing Address
15007 Pamlico Rd.

City State Zip Code
Apple Valley CA 92307-5005

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

Name of Employer Occupation
High Desert Neuro-Diagnostic Medical G physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 09 / 2007

Amount of Each Receipt this Period
\$1,000.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael J. Kaminski

Mailing Address
2307 Valley Brook Road

City State Zip Code
Nashville TN 37215-2016

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

Name of Employer Occupation
St. Thomas Neurology Group physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 11 / 2007

Amount of Each Receipt this Period
\$1,000.00

SUBTOTAL of Receipts This Page (optional) ▶

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

\$3,000.00

28039612827

**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 12	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark S. Yerby		Date of Receipt
Mailing Address 1233 SW 57th Ave.		11 / 13 / 2007
City Portland	State OR	Zip Code 97221-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$1,000.00
Name of Employer North Pacific Epilepsy Research	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

Full Name (Last, First, Middle Initial) B. Dr. Laura B. Powers		Date of Receipt
Mailing Address 5629 Tazewell Pike		11 / 14 / 2007
City Knoxville	State TN	Zip Code 37918-9264
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$1,000.00
Name of Employer Knoxville Neurology Clinic	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

Full Name (Last, First, Middle Initial) C. Mrs. Catherine M Rydell		Date of Receipt
Mailing Address 3820 Grand Way #309		11 / 19 / 2007
City Saint Louis Park	State MN	Zip Code 55416-4961
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$1,000.00
Name of Employer American Academy of Neurology	Occupation Executive Director/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	\$3,000.00
TOTAL This Period (last page this line number only).....▶	

28039612828

**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 12	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Sandra F. Olson

Mailing Address
220 E Walton Pl Apt 6W

City State Zip Code
Chicago IL 60611-1649

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

Name of Employer Occupation
Northwestern Memorial Hospital physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
11 / 19 / 2007

Amount of Each Receipt this Period
\$1,000.00

B. Full Name (Last, First, Middle Initial)
Dr. Lisa M. Shulman

Mailing Address
22 S Greene St, N4W46, Dept of Neu

City State Zip Code
Baltimore MD 21201-1544

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

Name of Employer Occupation
U of MD At Baltimore physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
11 / 19 / 2007

Amount of Each Receipt this Period
\$250.00

C. Full Name (Last, First, Middle Initial)
Dr. John Booss

Mailing Address
88 Lacey Rd.

City State Zip Code
Bethany CT 06524-3021

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

Name of Employer Occupation
VA Medical Center Virology Laboratorie physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
11 / 21 / 2007

Amount of Each Receipt this Period
\$250.00

SUBTOTAL of Receipts This Page (optional) ▶ **\$1,500.00**

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

28039612829

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

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

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

A. Full Name (Last, First, Middle Initial) Dr. Michael L. Goldstein			Date of Receipt 11 / 21 / 2007		
Mailing Address 1151 E 3900 S Ste B150			Amount of Each Receipt this Period \$1,000.00		
City Salt Lake City	State UT	Zip Code 84124-1216			
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ \$1,000.00		
Name of Employer Western Neurological Associates, P.C.		Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B. Full Name (Last, First, Middle Initial) Dr. Erich W. Garland			Date of Receipt 11 / 27 / 2007		
Mailing Address 5843 E. Middle Fork Rd.			Amount of Each Receipt this Period \$1,000.00		
City Idaho Falls	State ID	Zip Code 83406-8329			
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ \$1,000.00		
Name of Employer Idaho Falls Neurology		Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C. Full Name (Last, First, Middle Initial) Dr. Michael J. Wasserman			Date of Receipt 12 / 01 / 2007		
Mailing Address 6701 N. LeRoy Ave.			Amount of Each Receipt this Period \$1,000.00		
City Lincolnwood	State IL	Zip Code 60712-3203			
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ \$1,000.00		
Name of Employer Lake Cook Neurological Associates		Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

28039612830

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

A. Dr. Michael A. Williams

Full Name (Last, First, Middle Initial)

Mailing Address
1029 Pier Pointe Landing

City Baltimore State MD Zip Code 21230-3975

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

Name of Employer LifeBridge Health Brain & Spine Instit Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$1,000.00**

Date of Receipt **12 / 01 / 2007**

Amount of Each Receipt this Period **\$1,000.00**

B. Dr. Orly Avitzur

Full Name (Last, First, Middle Initial)

Mailing Address
815 Old Sleepy Hollow Road Extensi

City Briarcliff State NY Zip Code 10510

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

Name of Employer Practice in Tarrytown; teaches at Yale Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$1,000.00**

Date of Receipt **12 / 02 / 2007**

Amount of Each Receipt this Period **\$1,000.00**

C. Dr. Glenn D. Graham

Full Name (Last, First, Middle Initial)

Mailing Address
337 Whiteoaks Dr NE

City Albuquerque State NM Zip Code 87122-1410

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

Name of Employer VA Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$1,000.00**

Date of Receipt **12 / 05 / 2007**

Amount of Each Receipt this Period **\$1,000.00**

SUBTOTAL of Receipts This Page (optional) ▶

\$3,000.00

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

\$3,000.00

28039612831

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. O'Neill D'Cruz		Date of Receipt 12 / 05 / 2007
Mailing Address 825 Deseret Ln		Amount of Each Receipt this Period \$1,001.00
City Chapel Hill	State Zip Code NC 27516-7856	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ \$1,001.00
Name of Employer UNC-Chapel Hill School of Medicine Neu	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J. Baldwin Smith III		Date of Receipt 12 / 16 / 2007
Mailing Address 160 Charlois Blvd		Amount of Each Receipt this Period \$1,000.00
City Winston Salem	State Zip Code NC 27103-1522	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ \$1,000.00
Name of Employer Forsyth Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional)	\$2,001.00
TOTAL This Period (last page this line number only)	\$33,801.00

28039612832

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=== Identification Section =====

Committee ID: C00435933
Committee Name: American Academy of Neurology Professional Association BrainPA
Filing Type: F3XN
From/Through: 20070701 - 20071231

Software/Ver#: Vocus PAC Management / Ver# 8.00.0039

=== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

=== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
6A 2007		0.00
6B	0.00	
6C	34,121.00	34,121.00
6D	34,121.00	34,121.00
7	0.00	0.00
8	34,121.00	34,121.00
9	0.00	
10	0.00	
11Ai	33,801.00	33,801.00
11Aii	320.00	320.00
11Aiii	34,121.00	34,121.00
11B	0.00	0.00
11C	0.00	0.00
11D	34,121.00	34,121.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00
17	0.00	0.00
18A	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
19	34,121.00	34,121.00
20	34,121.00	34,121.00
21Ai	0.00	0.00
21Aii	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00
23	0.00	0.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	0.00	0.00
30Ai	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00

28039612833

30C	0.00	0.00
31	0.00	0.00
32	0.00	0.00
33	34,121.00	34,121.00
34	0.00	0.00
35	34,121.00	34,121.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00

28039612834

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt
1/31/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm
 PREPARER 1/31/08
 DATE PREPARED

28039612835