**FEC** 

### REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2008 JAN 31 PM 2: 24

Office Use Only

FORM 3X

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2.	FEC IDE	ENTIFICATION NU	MBER 🔻		CITY▲			STATE	<u> </u>	ZIP CO	DE A
	Cicoo				3. IS THIS REPORT	N	NEW (N) OF		AMENDED (A)		
4.	TYPE (Choose	OF REPORT		nort had	Feb 20 (M2	· . []	May 20 (M	5)	Aug 20 (M8)	rove S	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Due	On:	Mar 20 (M3	) <u> </u>	Jun 20 (Mi	5) <b>[</b> ]	Sep 20 (M9)	-	Dec 20 (M12) (Non-Election Year Only)
	2 <sup>m</sup>	April 15			Apr 20 (M4)		Jul 20 (M7		Oct 20 (M10)		Jan 31 (YE)
	المنظ منظم	Quarterly Report (Q	<sup>(1)</sup> (c)	12-Day	П	Primary (1	2P)	G G	eneral (12G)		Runoff (12R)
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	July 15 Quarterly Report (C	12)	PRE-Election Report for	200	Conventio	n (12C)	See St	pecial (128)	100,000	
		October 15 Quarterly Report (C	13)	Tiaport Ioi			()	- Indeed	(120)		
/-	M	January 31 Year-End Report (Y			Election on	and and	, Every		1	in the State of	of memorial
		July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Elec	L	General (:	30G)	River River	unoff (30R)		Special (30S)
	27. 19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Termination Report (TER)		Report for	the: Election on		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ Escha <b>fferdul</b>		in the State	prizagrama A
5.	Covering	Period 07	01		7	through	h 12	# / 16 31	2007	: Clashanii ethar	See 1990: Optional
I ce	ertify that	I have examined th				owledge an	d belief it is	true, corr	ect and comple	ete.	
Тур	e or Print	Name of Treasure	Mr. Tim	othy J. Engel				<u></u> -			<del>,                                     </del>
Sig	nature of	Treasurer	Lay	M	E			Date	01 30		2008
NO	TE: Submi	ssion of false, erron	eous, or inc	complete info	rmation may	subject the p	person signin	g this Repo	ort to the penal	ties of 2	U.S.C. §437g.
	U	fice se nly		·						C FOF Rev. 12/2	RM 3X 2004

**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 01 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand \$0.00 2007 January 1, (b) Cash on Hand at \$0.00 Beginning of Reporting Period..... \$34,121.00 \$34,121.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines war to the entire can \$34,121.00 \$34,121.00 6(a) and 6(c) for Column B)..... \$0.00 \$0.00 7. Total Disbursements (from Line 31)......... Cash on Hand at Close of Reporting Period \$34,121.00 \$34,121.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on \$0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..... 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

FE5AN015

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology Professional Association BrainPAC

Report Cov	ering the Period: From: 07	01 2007 To	): 12 / 31 / 2007
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contribu	tions (other than loans) From:		
(a) Indi	viduals/Persons Other		
Tha	n Political Committees		land Carally amiliant describers from land bare framework at the
(i)	Itemized (use Schedule A)	\$33,801.00	\$33,801.00 [
		Brankan Smaller 1. whee 2	harren Gameton Annibert Annibert tracks and a se
(ii)	Unitemized	\$320.00	\$320.00
(iii)	TOTAL (add	Caragory Committee of Committee	ser in the second secon
	Lines 11(a)(i) and (ii)▶	\$34,121.00	\$34,121.00
		and the state of t	Barren Center of Combined the smanler of the smaller at the market at the smaller of the smaller
(b) Poli	tical Party Committees	\$0.00	\$0.00
(c) Oth	er Political Committees	The stall amount of the season of service and describe and described and the	Brown radous to alound radius a submer a submeret and
(suc	ch as PACs)	\$0.00	\$0.00
(d) Tota	al Contributions (add Lines		
11(a	a)(iii), (b), and (c)) (Carry	\$34,121.00	\$34,121.00
Tota	als to Line 33, page 5)	\$34,121.00	334,121.00 i
12. Transfer	s From Affiliated/Other		leader darrib administration hands and and
Party Co	ommittees	\$0.00	\$0.00 j
13. All Loan	s Received	\$0.00	\$0.00
		grave the production of the state of the sta	post grant portagent post property and property property and property prope
14. Loan Re	epayments Received	\$0.00	\$0.00
	To Operating Expenditures	In Amelian Burl and an Market Sandard	the continued and the state of
	s, Rebates, etc.)	the section of	ike meditiran i Semantili ikina lamin di membapa i professora i sama timi ndaman i di
•	otals to Line 37, page 5)	\$0.00	\$0.00
• -	of Contributions Made	Sand word on Burnet Const Land on Sand word	Same to a show To allow the south to a show the sand throughout it
	ral Candidates and Other	The Control of Emmission of Comments of Co	ളത്ത് സ്തൂര് നിന്നുവായുടെന്നുള്ള സാംപ്ര ചെയ്യുന്നു വ്യവ്യക്ഷാവുടെ വിശാച്ചുക്കാനു
	Committees	\$0.00	\$0.00
	ederal Receipts	Property and the Control of the Cont	langur 7 a mala mari 12 man da mala mari 12 man da mari 12 man da mari 12 man da mari 12 man da mari 12 man da Mari 12 man da mari
	ids, Interest, etc.)	\$0.00	\$0.00
•	rs from Non-Federal and Levin Funds	Late de Challeste Made de Made de	hander than Beatle Mande And Sant and
	-Federal Account		han dimenturaka tamilamka mekanikan dan diment
	m Schedule H3)	\$0.00	\$0.00
(	,	Company of the Compan	
المال المال	s Eurodo /from Schodulo HE\	\$0.00	\$0.00
(D) Levi	n Funds (from Schedule H5)	Later Carlo Brown Dank - Brown Carlo	hander Sad Sadan Market Sadan San San S
(a) Tato	I Transform (add 19(a) and 19(b))	\$0.00	\$0.00
(C) 10ta	I Transfers (add 18(a) and 18(b))	And Sandy Sa	And the state of t
40 Tatal D	occiete (add Lines 11/4)		Market and the first of the fir
	eceipts (add Lines 11(d),	\$34.121.00	\$34,121.00
12, 13,	14, 15, 16, 17, and 18(c))▶	Commitment of Branch . Amello . discolver Commitment	Camelina de la contración de la contraci
00 7-4-1 7	adorel Dossints		
	ederal Receipts	\$34,121.00	\$34,121.00
(Subirac	t Line 18(c) from Line 19)▶	hands allow Observational and Southern	er Samedina Brands militar David and in David and

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

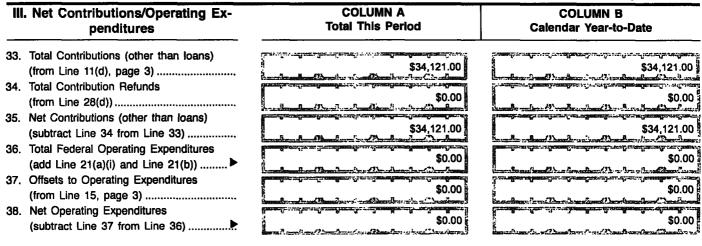
	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures:	IOIAI IIIIS PEIIOU	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Emperiorance Consultations (Security Security Se	Barrier and Tree stock and Committee and the second stock and the second
	(i) Federal Share	\$0.00	\$0.00
	.,	There will are suffered to the form of the suffered to the suf	sell seller der der dierek vertreden tradien der
	(ii) Non-Federal Share	\$0.00	\$0.00
	(b) Other Federal Operating	And the second of the second o	Language of two eq
	Expenditures	\$0.00 j	\$0.00 box tax should be a factor of
	(c) Total Operating Expenditures		Assessing to accompany for the formal section of the first section of th
_	(add 21(a)(i), (a)(ii), and (b))▶	\$0.00 f	j \$0.00
2.	Transfers to Affiliated/Other Party	\$0.00	\$0.00
3.	Contributions to		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Federal Candidates/Committees and Other Political Committees	\$0.00	\$0.00
,	Independent Expenditures		
	•	\$0.00	\$0.00
5.	(use Schedule E)		Lance Committee of
	(2 U.S.C. §441a(d)) (use Schedule F)	\$0.00	\$0.00
	<b>,</b>	grander grander grander of the grand	Section of the Assessment of the Assessment Control of the Assessment
6.	Loan Repayments Made	\$0.00	\$0.00
	• •	Beautiful Control of the Control of	all and health with a 180 m. It washed the all and transfer on a
7.	Loans Made	\$0.00	\$0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	Provident State Office Comment And Comment Medical Comment of the	Langel on State of the Managham Camer State of the art and a process.  parameter in symmetry in the majority symmetry in a process.
	Than Political Committees	\$0.00	\$0.00
		programment control to a majorage of	The state of the first transfer of the state
	(b) Political Party Committees	\$0.00	\$0.00
	(c) Other Political Committees	Samuel Control	Long to Comments or residence on the extreme after residence of the second transfer.
	(such as PACs)	\$0.00 j	\$0.00
	(d) Total Contribution Refunds		Singer and singer and incrementally a count financial to recover the second to the second to the second to the
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	\$0.00	\$0.00
	(and Lines 20(a), (b), and (c),		La de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya della companya de la companya de la companya della compa
9.	Other Disbursements	\$0.00	\$0.0
			Bernather at Breat Description of De
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	en Arandradian dan dan Arandra da Abandrad	harm the angle of the formal feature for the first of the section
	(i) Federal Share	\$0.00	\$0.00
		Bandarahan bandarahan bandarahan	The a County to sea the sea of th
	(ii) "Levin" Share	\$0.001	\$0.00
	(b) Federal Election Activity Paid Entirely	Second and and the second seco	\$0.00
	With Federal Funds	\$0.00	Language and the color of the colored based and the colored by
	(c) Total Federal Election Activity (add	Same Care Grand Some Care Section Sect	SO.0
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	\$0.00 kmmilitaristi urdanat istoriatirani	g Sametra erdinestlä eriännatkonstönenlännstäamtalaest
1	Total Disbursements (add Lines 21(c), 22,		
• • •	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	\$0.00	\$0.0
	20, 2., 20, 20, 2., 20,0,, 20 0 00,0,,	and the character of the state	Landing Santa Black and Dank
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	g crossespecimentary and a forest registering agreement of the second state of the sec	Marwandhara Crista Caran Caran Sa san Gran and ann a Caran a Sa
	from Line 31)	\$0.00	\$0.0
		Sometimentary (I) and one to get I) with medical and the second	Tampala makasa (1) saadaan (2) vo 7) is sabaan dhaca Danis

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5



### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 1 OF 12 Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the 11a 11c **Detailed Summary Page** 15 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 Full Name (Last, First, Middle Initial) Dr. Thomas R. Vidic Date of Receipt Mailing Address 22642 Remington Ct. City State Zip Code **Elkhart** IN 46514-4674 Amount of Each Receipt this Period FEC ID number of contributing **\$1,000.00** C federal political committee. Name of Employer Occupation Elkhart Clinic physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1.000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Stephen M. Sergay Date of Receipt Mailing Address 2919 W. Swann Ave. Ste. 401 City State Zip Code 33609-4083 Tampa FL Amount of Each Receipt this Period FEC ID number of contributing \$1,000.00 federal political committee. Name of Employer Occupation **Tampa Neurology Associates** physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) c. Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Road Zip Code City State 77005-2613 Houston TX Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Park Plaza Hospital and Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

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

## **ITEMIZED RECEIPTS**

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 2 OF 12 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 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 Full Name (Last, First, Middle Initial) Dr. Anthony G. Alessi Date of Receipt Mailing Address 269 Broadway City Zip Code State CT Norwich 06360-3526 Amount of Each Receipt this Period FEC ID number of contributing \$1,000.00 federal political committee. Name of Employer Occupation Center for Medical Knowledge, LLC, et physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial)
B. Dr. Anna D. Hohler Date of Receipt Mailing Address 58 Morton St City Zip Code State Needham MA 02494-1204 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation **Boston University Medical Center** physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) c. Dr. Elaine C. Jones Date of Receipt Mailing Address 212 Bay Spring Avenue Zip Code State 02806-1332 Barrington RI Amount of Each Receipt this Period FEC ID number of contributing .000.00federal political committee. Name of Employer Occupation Southern New England Neurology physician Receipt For: Aggregate Year-to-Date ▼ General Primary \$1,000.00 Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 12 (check only one)	
An	y information copied from such Reports and Str for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Neu	rology Professional Assoc	iation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Susan B. Bressman Mailing Address		Date of Receipt	
	435 Lewelen Cir City Englewood	State Zip Code NJ 07631-2024	11 01 2007	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer Philip Ambulatory Care Center, Beth Is	L <u></u>		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼		
В.	Full Name (Last, First, Middle Initial) Dr. Vinay Chaudhry		Date of Receipt	
	Mailing Address 5 Springhill Farm Ct City	State Zip Code	<u> </u>	
	Cockeysville  FEC ID number of contributing federal political committee.	MD 21030-1430	Amount of Each Receipt this Period \$1,000.00	
	Name of Employer Johns Hopkins Outpatient Center	Occupation physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00		
C.	Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs		Date of Receipt	
	Mailing Address 901 East Ave Apt A City	State Zip Code		
	Rochester FEC ID number of contributing	NY 14607-2271	Amount of Each Receipt this Period \$1,000.00	
	federal political committee.  Name of Employer	Occupation	TI JOU. JU.	
	Univ of Rochester Sch of Med  Receipt For:	physician Aggregate Year-to-Date ▼	_	
_	Primary General Other (specify) ▼	\$1,000.00		
	SUBTOTAL of Receipts This Page (optional)		\$3,000.00	
L	TOTAL This Period (last page this line number of	only)	are indication in the description in	

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

FOR LINE		PAGE	<u> 4 0</u>	F 1		
(check only one)						
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13	14	15	16	17		

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

NAME OF COMMITTEE (In Full)

		urology Professional Associa	ation BrainPAC	
A.	Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley		Date of Receipt	
	Mailing Address 55 Green Acres Dr			
	City Rye	State         Zip Code           NY         10580-3805	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	Cl	\$500.00	
	Name of Employer The Neurological Institute of NY	Occupation physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$500.00		
В.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee		Date of Receipt	
	Mailing Address 8 E Main St	Out.	11 01 2007	
	City West Yarmouth	State Zip Code MA 02673-8107	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C - Company of major of an indian	\$1,000.00	
	Name of Employer Penobscot Bay Medical Center	Occupation physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00		
<u> —</u> с.	Full Name (Last, First, Middle Initial) Dr. Austin J. Sumner		Date of Receipt	
	Mailing Address 625 Saint Charles Ave Apt 11A		11 01 2007	
	City New Orleans	State Zip Code LA 70130-3430	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	\$1,000.00	
	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		
r	SUBTOTAL of Receipts This Page (optional)		\$2,500.00	
נ	TOTAL This Period (last page this line number of	only)	handes the street was been been been been been about	

FOR LINE NUMBER: PAGE 5 OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 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 Full Name (Last, First, Middle Initial) Dr. William G. Preston Date of Receipt Mailing Address 232 Emerald Bay State Zip Code CA 92651-1267 Laguna Beach Amount of Each Receipt this Period FEC ID number of contributing C **\$1,000.00** federal political committee. Name of Employer Occupation Saddleback Valley Neuroscience Medical physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Lily Jung Date of Receipt Mailing Address 948 18th Ave. E. City State Zip Code Seattle WA 98112-3930 Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation physician Swedish Neuroscience Institute, Swedis Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) c. Dr. P. David Charles Date of Receipt Mailing Address 6509 Edinburgh Drive Zip Code City State Nashville TN 37221-3707 Amount of Each Receipt this Period FEC ID number of contributing C .000.00 federal political committee. Name of Employer Occupation Vanderbilt Univ Dept of Neuro physician Receipt For: Aggregate Year-to-Date ▼ General Primary \$1.000.00 Other (specify) ▼ \$3.000.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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A	Any information copied from suc	ch Reports and Stater	nents may not be sold	or used by any person for	the purpose of soliciting	contributions
	or for commercial purposes, oth					
Ī	NAME OF COMMITTEE (In	Full)				

		rology Professional Associa	ation BrainPAC
۹. ۱	Full Name (Last, First, Middle Initial) Dr. Neil A. Busis		Date of Receipt
	Mailing Address 6934 Rosewood St.		11 08 2007
	City Pittsburgh	State Zip Code PA 15208-2639	Amount of Each Receipt this Period
	FEC 1D number of contributing federal political committee.	C. Sandardon de Manda	\$1,000.00
	Name of Employer Pittsburgh Neurology Center	Occupation physician	
_	Receipt For:    Primary   General     Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000,00	
В.	Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer		Date of Receipt
	Mailing Address 711 Haverford Ave		11 08 2007
	City Pacific Palisades	State Zip Code 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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$2,500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Elizabeth R Traynor		Date of Receipt
	Mailing Address 67 Pinewood		[1] ( 08 ( 2007
	City Irvine	State Zip Code 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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$300.00	
s	SUBTOTAL of Receipts This Page (optional)	<u> </u>	\$3,800.00
т	OTAL This Period (last page this line number of	only)	

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	i	

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

FOR LINE I	NUMBER:	PAGE	7 OF	1.
(check only	one)			
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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	<sup>,</sup> Professional	Association	<b>BrainPAC</b>
------------------	--------------	---------------------------	-------------	-----------------

Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan		Date of Receipt
Mailing Address PO Box 6059		11 609 2007
City Olympia	State Zip Code WA 98507-6059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	\$1,000.00
Name of Employer The Middleton Foundation / Olympia Ne	Occupation u physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Manmohan Nayyar		Date of Receipt
Mailing Address 15007 Pamlico Rd.	Shaha Zin Code	<u> </u>
City Apple Valley	State Zip Code CA 92307-5005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	\$1,000.00
Name of Employer High Desert Neuro-Diagnostic Medical (	Occupation 3   physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Kaminski		Date of Receipt
Mailing Address 2307 Valley Brook Road		11 11 2007
City Nashville	State Zip Code TN 37215-2016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	\$1,000.00
Name of Employer St. Thomas Neurology Group	Occupation physician	
Receipt For:  ☐ Primary ☐ General ☐ 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)	

FOR LINE NUMBER: PAGE 8 OF 12 Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association BrainPAC Full Name (Last, First, Middle Initial) A. Dr. Mark S. Yerby Date of Receipt Mailing Address 1233 SW 57th Ave. Zip Code City State **Portland** OR 97221-2507 Amount of Each Receipt this Period FEC ID number of contributing C **\$1,000.00** federal political committee. Name of Employer Occupation North Pacific Epilepsy Research physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial)

B. Dr. Laura B. Powers Date of Receipt Mailing Address 5629 Tazewell Pike Zip Code City State 37918-9264 Knoxville TN Amount of Each Receipt this Period -- , experim leavesce...... FEC ID number of contributing C federal political committee. Occupation Name of Employer **Knoxville Neurology Clinic** physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial)
C. Mrs. Catherine M Rydell Date of Receipt Mailing Address 3820 Grand Way #309 Zip Code City State Saint Louis Park MN 55416-4961 Amount of Each Receipt this Period FEC ID number of contributing .000.00 C federal political committee. Name of Employer Occupation American Academy of Neurology Executive Director/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 9 OF 12 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 15 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 Full Name (Last, First, Middle Initial) A. Dr. Sandra F. Olson Date of Receipt Mailing Address 220 E Walton PI Apt 6W City Zip Code State Chicago IL 60611-1649 Amount of Each Receipt this Period FEC ID number of contributing C **\$1,000.00** federal political committee. Name of Employer Occupation Northwestern Memorial Hospital physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial)

B. Dr. Lisa M. Shulman Date of Receipt Mailing Address 22 S Greene St, N4W46, Dept of Neu City Zip Code State **Baltimore** MD 21201-1544 Amount of Each Receipt this Period FEC 1D number of contributing federal political committee. Name of Employer Occupation U of MD At Baltimore physician Receipt For: Aggregate Year-to-Date ▼ Primary General \$250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) c. Dr. John Booss Date of Receipt Mailing Address 88 Lacey Rd. Zip Code City State Bethany CT 06524-3021 Amount of Each Receipt this Period Market F. 17 10 200, \$12 11 2. 3 4622 FEC ID number of contributing federal political committee. Name of Employer Occupation VA Medical Center Virology Laboratorie physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. Dr. Michael L. Goldstein

1151 E 3900 S Ste B150

FEC ID number of contributing

Western Neurological Associates, P.C.

General

General

federal political committee.

Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Dr. Erich W. Garland

5843 E. Middle Fork Rd.

FEC ID number of contributing federal political committee.

Idaho Falls Neurology

Mailing Address

Salt Lake City

Name of Employer

Primary

Mailing Address

Idaho Falls

Name of Employer

Primary

Receipt For:

City

Receipt For:

FOR LINE NUMBER: PAGE 10 OF 12 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 15 16 117 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, American Academy of Neurology Professional Association BrainPAC Date of Receipt Zip Code 84124-1216 Amount of Each Receipt this Period \$1,000.00 Occupation physician Aggregate Year-to-Date ▼ \$1,000,00 Date of Receipt Zip Code 83406-8329 Amount of Each Receipt this Period Occupation physician Aggregate Year-to-Date ▼ man (1.5) den (g. 1.5) den gyal (s. 1.5) de f

Other (specify) ▼	lerson men La	\$1,000.00		
Full Name (Last, First, Middle Initial) Dr. Michael J. Wasserman			Date of Receipt	
Mailing Address 6701 N. LeRoy Ave.				
City Lincolnwood	State IL	Zip Code 60712-3203	Amount of Each Receipt this Peri	
FEC ID number of contributing federal political committee.	C		\$1,0	
Name of Employer Lake Cook Neurological Associates	Occupation physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	sar-to-Date ▼ \$1,000.00		

State UT

State

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

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FOR LINE NUMBER: PAGE 11 OF 12 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) A. Dr. Michael A. Williams Date of Receipt Mailing Address 1029 Pier Pointe Landing City State Zip Code MD 21230-3975 **Baltimore** Amount of Each Receipt this Period FEC ID number of contributing C 1.000.00 federal political committee. Name of Employer Occupation LifeBridge Health Brain & Spine Instit **Physician** Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Orly Avitzur Date of Receipt Mailing Address 815 Old Sleepy Hollow Road Extensi City State Zip Code Briarcliff NY 10510 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation physician Practice in Tarrytown; teaches at Yale Receipt For: Aggregate Year-to-Date ▼ General Primary \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) c. Dr. Glenn D. Graham Date of Receipt Mailing Address
337 Whiteoaks Dr NE Zip Code City State NM 87122-1410 Albuquerque Amount of Each Receipt this Period FEC ID number of contributing \$1.000.00 federal political committee. Occupation Name of Employer **VA Medical Center Physician** Receipt For: Aggregate Year-to-Date ▼ General Primary \$1,000.00 Other (specify) ▼

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

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### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the 11a 11b 11c 12 **Detailed Summary Page** 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association BrainPAC Full Name (Last, First, Middle Initial)
Dr. O'Neill D'Cruz Date of Receipt Mailing Address 825 Deseret Ln City Zip Code State Chapel Hill NC 27516-7856 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation **UNC-Chapel Hill School of Medicine Neu Physician** Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,001.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. J. Baldwin Smith III Date of Receipt Mailing Address 160 Charlois Blvd City State Zip Code Winston Salem 27103-1522 NC Amount of Each Receipt this Period FEC ID number of contributing \$1,000.00 federal political committee. Name of Employer Occupation **Physician** Forsyth Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General \$1,000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. the will be a flower fl Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

\$33,801

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

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Committee ID:

C00435933

Committee Name: American Academy of Neurology Professional Association BrainPA

Filing Type: From/Through: F3XN

20070701 - 20071231

Software/Ver#:

Vocus PAC Management / Ver# 8.00.0039

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

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
	*======================================	22222222222
6A 2007	0.00	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	
11 <b>Ai</b>	33,801.00	33,801.00
11Aii	320.00	320.00
llAiii	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
£A0E	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00

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

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confir	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss 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):	Receipt or Postmarked
Im 10	1/31/08
(3/2005)	DATE PREPARED