



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>		153878.00
(b) Cash on Hand at Beginning of Reporting Period.....	154878.00	
(c) Total Receipts (from Line 19) .....	132004.86	132004.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	286882.86	285882.86
7. Total Disbursements (from Line 31).....	113600.00	113600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	173282.86	172282.86
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: 01 / 01 / 2011 To: 06 / 30 / 2011

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).....	95072.00	95072.00
(ii) Unitemized .....	36932.86	36932.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	132004.86	132004.86
(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) .....	132004.86	132004.86
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))..... ▶	132004.86	132004.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	132004.86	132004.86

**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.....	113500.00	113500.00
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 .....	100.00	100.00
(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)).....	100.00	100.00
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)) ..	113600.00	113600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113600.00	113600.00

**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) .....	132004.86	132004.86
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	131904.86	131904.86
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Changed all distributions to 2012 election cycle candidates from 'General' to 'primary'.

Form/Schedule:  
Transaction ID:

**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 93
	<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**

Full Name (Last, First, Middle Initial)  
**A. Catherine M. Rydell**

Mailing Address 4645 Park Commons, #319

City State Zip Code  
St. Louis Park MN 55416

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

Name of Employer Occupation  
American Academy of Neurology Executive Director/CEO

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  
01 / 06 / 2011  
**Transaction ID : 32812531**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Dominic B. Fee**

Mailing Address 1224 Litchfield Ln

City State Zip Code  
Lexington KY 40513-1794

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

Name of Employer Occupation  
Univ of Kentucky 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  
01 / 16 / 2011  
**Transaction ID : 32867879**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 27 Saddle Club Road

City State Zip Code  
Lexington MA 02420-2121

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

Name of Employer Occupation  
Self 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  
01 / 19 / 2011  
**Transaction ID : 32876944**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 93
	<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. Thomas Swanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Prospect Dr  
Address 3

City Missoula State MT Zip Code 59808-8608

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 ▼  
250.00

Date of Receipt  
01 / 19 / 2011  
**Transaction ID : 32876949**

Amount of Each Receipt this Period  
250.00

**B. Dr. Pushpa Narayanaswami**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Clinton Road

City Chestnut Hill State MA Zip Code 02467-1419

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

Name of Employer Beth Israel Deaconess Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 23 / 2011  
**Transaction ID : 32895941**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Erik Perkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 26 / 2011  
**Transaction ID : 32901257**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 93
	(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"/> 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. Simon J. Farrow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Piccolo Way

City Las Vegas State NV Zip Code 89146-3029

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

Name of Employer Simon Farrow Neurology 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  
 01 / 28 / 2011  
**Transaction ID : 32908146**

Amount of Each Receipt this Period  
 500.00

**B. 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 ▼ 267.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2011  
**Transaction ID : 32911308**

Amount of Each Receipt this Period  
 89.00

**C. Dr. Elaine C. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 603253

City Providence State RI Zip Code 02906

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2011  
**Transaction ID : 32911315**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 839.00

**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 93
	<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. Michael J. Kaminski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2307 Valley Brook Rd  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Thomas Neurology Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2011  
**Transaction ID : 32951241**  
 Amount of Each Receipt this Period  
 1500.00

**B. Dr. Heidi B. Schwarz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Gorham St  
 City Canandaigua State NY Zip Code 14424  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2011  
**Transaction ID : 32959446**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Briseida E. Feliciano-Astacio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6828  
 City Caguas State PR Zip Code 00726-6828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neoera Medical 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  
 02 / 12 / 2011  
**Transaction ID : 32967629**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 93
	<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. Bridglal Ramkissoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4325 Sun N Lake Blvd Ste 104  
 City Sebring State FL Zip Code 33872-2171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2011  
**Transaction ID : 32967648**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Sandra F. Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 E Huron St Ste 11-100  
 City Chicago State IL Zip Code 60611-2968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired 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  
 02 / 16 / 2011  
**Transaction ID : 32993757**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Svinder S. Toor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 850 Southampton Ave  
 Child & Adolescent Neurology  
 City Norfolk State VA Zip Code 23510-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childrens Specialty Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2011  
**Transaction ID : 32993783**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 93
	<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. Robert C. Griggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 East Ave Apt A  
 City Rochester State NY Zip Code 14607-2271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Rochester Sch of Med Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2011**  
**Transaction ID : 32993784**  
 Amount of Each Receipt this Period **500.00**

**B. 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 **300.00**

Date of Receipt **02 / 16 / 2011**  
**Transaction ID : 32993794**  
 Amount of Each Receipt this Period **150.00**

**C. Dr. Richard A. Lafrance**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 NW Elks Dr  
 City Corvallis State OR Zip Code 97330-3758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Corvallis Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 24 / 2011**  
**Transaction ID : 33007484**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1650.00</b>
<b>TOTAL</b> 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 93
	<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. 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 ▼ **352.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 26 / 2011**

**Transaction ID : 33011169**

Amount of Each Receipt this Period  
**85.00**

**B. Dr. John David Hixson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1224 3rd Ave

City San Francisco State CA Zip Code 94122-2705

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

Name of Employer UCSF 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  
**02 / 28 / 2011**

**Transaction ID : 33012373**

Amount of Each Receipt this Period  
**500.00**

**C. Dr. Linda A. Hershey**  
Full Name (Last, First, Middle Initial)

Mailing Address 367 Lebrun Rd

City Amherst State NY Zip Code 14226-4130

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

Name of Employer VAMC & U at Buffalo Occupation Physician

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  
**03 / 03 / 2011**

**Transaction ID : 33027222**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1585.00</b>
<b>TOTAL</b> 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 93
	<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. 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 ▼ 441.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2011

**Transaction ID : 33030726**

Amount of Each Receipt this Period  
 89.00

**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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2011

**Transaction ID : 33030733**

Amount of Each Receipt this Period  
 100.00

**C. Dr. Lyzette E. Velazquez**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5061

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

Name of Employer Bronx Medical Neuro Care Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2011

**Transaction ID : 33030735**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	289.00
<b>TOTAL</b> 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 93
	<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. Patrick M. Capone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125A Medical Cir  
 City Winchester State VA Zip Code 22601-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winchester Neurological Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2011**  
**Transaction ID : 33030808**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Anna D. Hohler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Morton Street  
 City Needham Heights State MA Zip Code 02494-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BUMC Dept. of Neurology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2011**  
**Transaction ID : 33031988**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Mark A. Kozinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3537 Knollwood Dr NW  
 City Atlanta State GA Zip Code 30305-1021  
 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 **03 / 07 / 2011**  
**Transaction ID : 33031995**  
 Amount of Each Receipt this Period **2000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4000.00</b>
<b>TOTAL</b> 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 93
	<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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**American Academy of Neurology BrainPAC**

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

Mailing Address 55 Grace Church St.

City Rye State NY Zip Code 10580

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

Name of Employer Columbia University 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  
 03 / 07 / 2011

**Transaction ID : 33032000**

Amount of Each Receipt this Period  
500.00

**B. Dr. Thomas R. Vidic**  
Full Name (Last, First, Middle Initial)

Mailing Address 22642 Remington Court

City Elkhart State IN Zip Code 46514-4674

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

Name of Employer Elkhart Clinic Occupation Physician

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  
 03 / 07 / 2011

**Transaction ID : 33032013**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Lily Jung-Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neurosci. Institute, Swedish H Occupation Physician

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  
 03 / 07 / 2011

**Transaction ID : 33032015**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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**A. Dr. Sara G. Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3006 Loveland Cove  
 City Austin State TX Zip Code 78746-7635  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2011  
**Transaction ID : 33032017**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Christopher Calder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Norwood Dr  
 City Albany State NY Zip Code 12204-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Upstate Neurology Consultants LLP Occupation Physician  
 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  
 03 / 07 / 2011  
**Transaction ID : 33032131**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Kenneth J. Gaines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1134D S. Clearview Pkwy PMB 287  
 City New Orleans State LA Zip Code 70123-7144  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2011  
**Transaction ID : 33032145**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> 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 93
	<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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**A. Dr. Ignacio M. Carrillo-Nunez**

Full Name (Last, First, Middle Initial)  
Mailing Address 35 Festivo

City Irvine State CA Zip Code 92606

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

Name of Employer Neurology Specialists Med Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 07 / 2011  
**Transaction ID : 33032147**

Amount of Each Receipt this Period  
250.00

**B. Dr. David W. Brandes**

Full Name (Last, First, Middle Initial)  
Mailing Address 106 Autumn Woods Drive

City Sweetwater State TN Zip Code 37874-6482

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  
03 / 07 / 2011  
**Transaction ID : 33033766**

Amount of Each Receipt this Period  
500.00

**C. Dr. Laurence J. Kinsella**

Full Name (Last, First, Middle Initial)  
Mailing Address 235 Rosemont Avenue

City Saint Louis State MO Zip Code 63119-2412

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

Name of Employer SSM Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 07 / 2011  
**Transaction ID : 33034805**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 93
	<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. 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 500.00

Date of Receipt 03 / 07 / 2011  
**Transaction ID : 33035679**  
 Amount of Each Receipt this Period 500.00

**B. Dr. Michael W. Morse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2008 N Bridgeton Ct  
 City Fayetteville State AR Zip Code 72701-2992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurological Associates Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 07 / 2011  
**Transaction ID : 33036319**  
 Amount of Each Receipt this Period 1000.00

**c. Dr. Daniel Giang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12825 Amber LN  
 City Yucaipa State CA Zip Code 92399-4973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loma Linda University Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 07 / 2011  
**Transaction ID : 33036324**  
 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 20 OF 93
	<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. Sarah M. Roddy**  
Full Name (Last, First, Middle Initial)

Mailing Address COLEMAN PAVILION, PEDIATRICS 11175  
CAMPUS ST

City Loma Linda State CA Zip Code 92350-0001

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

Name of Employer Loma Linda University Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 07 / 2011  
Transaction ID : 33036327

Amount of Each Receipt this Period  
250.00

**B. Dr. Christopher Milford**  
Full Name (Last, First, Middle Initial)

Mailing Address 11373 Rancho Villa Verde Place

City Las Vegas State NV Zip Code 89138-1551

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

Name of Employer Silver State Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 07 / 2011  
Transaction ID : 33036358

Amount of Each Receipt this Period  
1000.00

**C. Dr. Mark S. Yerby**  
Full Name (Last, First, Middle Initial)

Mailing Address 1233 SW 57th Avenue

City Portland State OR Zip Code 97221-2507

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

Name of Employer North Pacific Epilepsy Research Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 07 / 2011  
Transaction ID : 33036366

Amount of Each Receipt this Period  
500.00

**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: PAGE 21 OF 93  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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**American Academy of Neurology BrainPAC**

**A. Dr. John C. Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8032 Orlando  
 City State Zip Code  
 Saint Louis MO 63105-2543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Washington University School of Medici Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2011  
**Transaction ID : 33044986**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Joan Puglia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Windy Ridge Lane  
 City State Zip Code  
 New Milford CT 06776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self - Northwest Hills Neurology, P.C. Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2011  
**Transaction ID : 33044987**  
 Amount of Each Receipt this Period  
 350.00

**C. Dr. Edgar J. Kenton III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1280 W Peachtree St NW Apt 3904  
 City State Zip Code  
 Atlanta GA 30309-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Morehouse School of Medicine Physician  
 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  
 03 / 10 / 2011  
**Transaction ID : 33044989**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1650.00  
**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 22 OF 93
	<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. Burk Jubelt**  
Full Name (Last, First, Middle Initial)

Mailing Address 750 E Adams St Rm 5815  
Department of Neurology

City Syracuse State NY Zip Code 13210-2342

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

Name of Employer SUNY HSC Syracuse Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 11 / 2011  
**Transaction ID : 33052751**

Amount of Each Receipt this Period  
300.00

**B. 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 ▼  
450.00

Date of Receipt  
03 / 15 / 2011  
**Transaction ID : 33085755**

Amount of Each Receipt this Period  
150.00

**C. 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 ▼  
530.00

Date of Receipt  
03 / 15 / 2011  
**Transaction ID : 33085890**

Amount of Each Receipt this Period  
89.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	539.00
<b>TOTAL</b> 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 23 OF 93
	<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. 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 Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2011

**Transaction ID : 33085930**

Amount of Each Receipt this Period  
 85.00

**B. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2011

**Transaction ID : 33085942**

Amount of Each Receipt this Period  
 250.00

**C. Dr. Elizabeth Minto**  
Full Name (Last, First, Middle Initial)

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36532

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

Name of Employer Neurology: Child and Adult, P.C. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2011

**Transaction ID : 33085954**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00

**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 24 OF 93
	<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. Jeremy M. Shefner**  
Full Name (Last, First, Middle Initial)

Mailing Address 7994 Everglades Drive

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2011  
**Transaction ID : 33085966**

Amount of Each Receipt this Period  
 250.00

**B. Dr. Daniel B. Hier**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 W Second St #3106

City Kansas City State MO Zip Code 64105

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

Name of Employer Cerner Corporation Occupation Physician

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  
 03 / 15 / 2011  
**Transaction ID : 33087450**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. Benjamin M. Frishberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 5145 Seagrove Ct

City San Diego State CA Zip Code 92130-3208

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

Name of Employer The Neurology Center 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  
 03 / 15 / 2011  
**Transaction ID : 33087455**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 25 OF 93
	<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. Joel M. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Fenimore Road

City Worcester State MA Zip Code 01609-1711

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

Name of Employer Lifespan 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  
 03 / 17 / 2011

**Transaction ID : 33100593**

Amount of Each Receipt this Period  
 500.00

**B. 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

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

Name of Employer Lifespan 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  
 03 / 24 / 2011

**Transaction ID : 33117792**

Amount of Each Receipt this Period  
 500.00

**C. Dr. Paula D. Ravin**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Lake Ave N  
Department of Neurology

City Worcester State MA Zip Code 01655-0001

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

Name of Employer Lifespan Occupation Physician

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  
 03 / 24 / 2011

**Transaction ID : 33117895**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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 26 OF 93
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	<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. 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 **300.00**

Date of Receipt **03 / 25 / 2011**  
**Transaction ID : 33117922**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. Michael A. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1029 Pier Pointe Lndg  
 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 **1000.00**

Date of Receipt **03 / 26 / 2011**  
**Transaction ID : 33119051**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Neil A. Busis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6934 Rosewood Street  
 City Pittsburgh State PA Zip Code 15208-2639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pittsburgh Neurology Ctr. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2011**  
**Transaction ID : 33119061**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2100.00**  
**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 27 OF 93
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. David S. Saperstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5090 N 40th St Ste 250  
 City Phoenix State AZ Zip Code 85018-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phoenix Neurological Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 27 / 2011**  
**Transaction ID : 33119097**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Road  
 City Fort Wayne State IN Zip Code 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 29 / 2011**  
**Transaction ID : 33121746**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Todd J. Janus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Muskogee Avenue  
 City Des Moines State IA Zip Code 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health Physicians Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2011**  
**Transaction ID : 33131507**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> 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 28 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. 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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2011**

**Transaction ID : 33131522**

Amount of Each Receipt this Period  
**100.00**

**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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2011**

**Transaction ID : 33138131**

Amount of Each Receipt this Period  
**100.00**

**C. 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 ▼ **619.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2011**

**Transaction ID : 33138133**

Amount of Each Receipt this Period  
**89.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>289.00</b>
<b>TOTAL</b> 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 29 OF 93  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Elaine C. Jones**

Mailing Address PO Box 603253

City Providence State RI Zip Code 02906

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 / D D / Y Y Y Y Y Y  
**04 / 01 / 2011**

**Transaction ID : 33138602**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Lyzette E. Velazquez**

Mailing Address 29 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5061

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

Name of Employer Bronx Medical Neuro Care Occupation Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2011**

**Transaction ID : 33139501**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Dr. Jeffrey A. Samuels**

Mailing Address 2541 NE 35th Street

City Lighthouse Point State FL Zip Code 33064-8156

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 ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2011**

**Transaction ID : 33142181**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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 30 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Mike Amery**  
Full Name (Last, First, Middle Initial)

Mailing Address 20308 Trolley Crossing Ct.

City State Zip Code  
Montgomery Village MD 20886

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

Name of Employer Occupation  
American Academy of Neurology Legislative Counsel, Federal Affairs

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  
04 / 07 / 2011

**Transaction ID : 33153889**

Amount of Each Receipt this Period  
1000.00

**B. Rod Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4418 Xerxes Ave S

City State Zip Code  
Minneapolis MN 55410

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

Name of Employer Occupation  
American Academy of Neurology Deputy Exec. Director, Center for Heal

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  
04 / 08 / 2011

**Transaction ID : 33159673**

Amount of Each Receipt this Period  
1000.00

**C. Dr. James F. Selwa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2044 Valleyview Drive

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
Wayne State Univ. Physician

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  
04 / 18 / 2011

**Transaction ID : 33160285**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 31 OF 93  
(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. Marc R. Nuwer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Haverford Ave  
 City State Zip Code  
 Pacific Palisades CA 90272-4313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UCLA Dept. of Clinical Neurophysiology Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2011  
**Transaction ID : 33160291**  
 Amount of Each Receipt this Period  
 1250.00

**B. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Road  
 City State Zip Code  
 Fort Wayne IN 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allied Physicians, Inc. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2011  
**Transaction ID : 33160295**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. J. Clay Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2520 Robinhood St Apt 1608  
 City State Zip Code  
 Houston TX 77005-2561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baylor Medical School Physician  
 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  
 04 / 10 / 2011  
**Transaction ID : 33160312**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00  
**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 32 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	

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

**A. Dr. Kavita M. Grover**  
Full Name (Last, First, Middle Initial)

Mailing Address 5222 Royal Vale Lane

City Dearborn State MI Zip Code 48126

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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2011

**Transaction ID : 33160321**

Amount of Each Receipt this Period  
 300.00

**B. Dr. Stanley Fahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Edgars Ln

City Hastings On Hudson State NY Zip Code 10706-1107

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

Name of Employer Neurological 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  
 04 / 10 / 2011

**Transaction ID : 33160327**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. Robyn G. Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Sand Piper Place

City Alameda State CA Zip Code 94502

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

Name of Employer Orange Coast Memorial Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2011

**Transaction ID : 33160335**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**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 33 OF 93
	<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. David J. Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 1815 J Boulder Springs Drive

City Saint Louis	State MO	Zip Code 63146
---------------------	-------------	-------------------

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

Name of Employer Saint Louis University	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
04		10		2011

**Transaction ID : 33160337**

Amount of Each Receipt this Period  
500.00

**B. Dr. Jonathan P. Hosey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1503 Red Ln

City Danville	State PA	Zip Code 17821-8493
------------------	-------------	------------------------

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

Name of Employer Geisinger Medical Center	Occupation Physician
--	-------------------------

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
04		10		2011

**Transaction ID : 33160339**

Amount of Each Receipt this Period  
1000.00

**C. Dr. William J. Weiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 S Greene St # N4W46  
University of Maryland Dept of Neu

City Baltimore	State MD	Zip Code 21201-1544
-------------------	-------------	------------------------

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

Name of Employer University of Maryland School of Medic	Occupation Physician
--	-------------------------

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
04		10		2011

**Transaction ID : 33160348**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 34 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 110 S Paca St Fl 3  
Dept of Neurology, RM: 3-S-127

City Baltimore State MD Zip Code 21201-1642

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

Name of Employer U of MD At Baltimore Occupation Physician

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  
04 / 10 / 2011

**Transaction ID : 33160350**

Amount of Each Receipt this Period  
250.00

**B. Dr. Bennett L. Lavenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 4210 Rosemary Street

City Chevy Chase State MD Zip Code 20815-5218

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

Name of Employer Childrens National Med Ctr 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  
04 / 11 / 2011

**Transaction ID : 33161461**

Amount of Each Receipt this Period  
500.00

**C. Dr. Susan M. Naselli**  
Full Name (Last, First, Middle Initial)

Mailing Address 8813 Fawn Ridge Dr.

City Fort Myers State FL Zip Code 33912

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

Name of Employer VA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2011

**Transaction ID : 33161872**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 35 OF 93
	<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. Peter D. Donofrio**  
Full Name (Last, First, Middle Initial)

Mailing Address 1708 Linden Avenue

City Nashville State TN Zip Code 37212-5112

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

Name of Employer Vanderbilt University 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  
 04 / 12 / 2011  
**Transaction ID : 33161874**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 400 East 56th Street

City New York State NY Zip Code 10022-4339

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

Name of Employer Memorial Sloan Kettering Cancer Center 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  
 04 / 12 / 2011  
**Transaction ID : 33161876**

Amount of Each Receipt this Period  
 500.00

**C. Dr. Walter J. Koroshetz**  
Full Name (Last, First, Middle Initial)

Mailing Address 7808 Stable Way

City Potomac State MD Zip Code 20854-1791

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

Name of Employer Mass General Hospital, National Institu 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  
 04 / 12 / 2011  
**Transaction ID : 33161889**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 36 OF 93
	<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. Glenn D. Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Jamieson Ave. Unit 505

City Alexandria State VA Zip Code 22314-5709

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2011

**Transaction ID : 33161894**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Robert T. Leshner**  
Full Name (Last, First, Middle Initial)

Mailing Address 939 Coast Blvd. #5-G

City La Jolla State CA Zip Code 92037

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

Name of Employer Children's National 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  
 04 / 12 / 2011

**Transaction ID : 33161900**

Amount of Each Receipt this Period  
 1000.00

**C. 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 Public Policy Fellow Occupation Fellow

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  
 04 / 12 / 2011

**Transaction ID : 33161908**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 37 OF 93
	<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. Robert A. Gross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 Split Rock Rd  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Rochester Occupation Neurologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2011  
**Transaction ID : 33161910**  
Amount of Each Receipt this Period 500.00

**B. Dr. Laura B. Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5629 Tazewell Pike  
City Knoxville State TN Zip Code 37918-9264  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self/ Retired Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2011  
**Transaction ID : 33161919**  
Amount of Each Receipt this Period 500.00

**C. Dr. Carmel Armon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 99 Pinewood Drive  
City Longmeadow State MA Zip Code 01106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baystate Medical Center Occupation Chief of Neurology  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 04 / 12 / 2011  
**Transaction ID : 33161951**  
Amount of Each Receipt this Period 1900.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2900.00  
**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 38 OF 93
	<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. John R. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 675 W North Ave Ste 608  
Neurology Clinical Neurophysiology

City Melrose Park State IL Zip Code 60160-1627

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  
04 / 12 / 2011  
Transaction ID : 33161981

Amount of Each Receipt this Period  
1000.00

**B. Dr. Robin L. Brey**  
Full Name (Last, First, Middle Initial)

Mailing Address 13618 Bluffcircle

City San Antonio State TX Zip Code 78216-1902

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

Name of Employer University Texas Health Science Center Occupation neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
04 / 12 / 2011  
Transaction ID : 33164517

Amount of Each Receipt this Period  
3000.00

**c. Dr. Jonathan L. Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 12270 No. 78th Place

City Scottsdale State AZ Zip Code 85260

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

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 12 / 2011  
Transaction ID : 33164528

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4250.00

**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 39 OF 93
	<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. Jeffrey L. Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Coach Ln

City Westport State CT Zip Code 06880-2108

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

Name of Employer Associated Neurologists 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  
 04 / 12 / 2011

**Transaction ID : 33164550**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1029 Pier Pointe Lndg

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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2011

**Transaction ID : 33164581**

Amount of Each Receipt this Period  
 500.00

**C. Dr. Steven J. Zuckerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Hidden Lake Court

City Baton Rouge State LA Zip Code 70810-4356

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2011

**Transaction ID : 33164590**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 40 OF 93
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles C. Flippen II</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2011
Mailing Address 11319 Isleta Street			<b>Transaction ID : 33173223</b>
City Los Angeles	State CA	Zip Code 90049	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer County of LA/ UCLA	Occupation Neurologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Fang Feng</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2011
Mailing Address 6194 Minosa Circle			<b>Transaction ID : 33173237</b>
City Tucker	State GA	Zip Code 30084	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Allison Brashear</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2011
Mailing Address 208 Hadley Ct			<b>Transaction ID : 33173260</b>
City Winston Salem	State NC	Zip Code 27106-4489	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Forest	Occupation Neurologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 41 OF 93
	<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. Orly Avitzur**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Old Sleepy Hollow Rd Extension

City Briarcliff State NY Zip Code 10510-2543

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  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2011  
**Transaction ID : 33182578**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Neil A. Busis**  
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Rosewood Street

City Pittsburgh State PA Zip Code 15208-2639

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

Name of Employer Pittsburgh Neurology Ctr. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2011  
**Transaction ID : 33182580**

Amount of Each Receipt this Period  
 2000.00

**C. Dr. Dara G. Jamieson**  
Full Name (Last, First, Middle Initial)

Mailing Address 428 E 72nd St Ofc 400

City New York State NY Zip Code 10021-4635

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

Name of Employer Weill Cornell Occupation Physician

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  
 04 / 18 / 2011  
**Transaction ID : 33182589**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 42 OF 93  
(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. Edwin Trevathan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3545 Lafayette Ave Ste 300  
 City State Zip Code  
 Saint Louis MO 63104-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Louis Children's Hospital 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  
 04 / 14 / 2011  
**Transaction ID : 33182617**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Mark Mintz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Robin Lake Drive  
 City State Zip Code  
 Cherry Hill NJ 08003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Center of Neurological Health Physician  
 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  
 04 / 14 / 2011  
**Transaction ID : 33182619**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Petre Udrea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1975 Miamisburg Centerville Rd  
 City State Zip Code  
 Dayton OH 45459-3811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dayton Center for Neuro Disorders Physician  
 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  
 04 / 14 / 2011  
**Transaction ID : 33182625**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 43 OF 93  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Stacy A. Rudnicki**

Mailing Address 236 Kingsrow Drive

City State Zip Code  
Little Rock AR 72207-4117

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

Name of Employer Occupation  
Univ. of AR Med. Ctr. 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  
 04 / 14 / 2011  
**Transaction ID : 33183269**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Richard D. Brower**

Mailing Address 712 Twin Hills Drive

City State Zip Code  
El Paso TX 79912

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

Name of Employer Occupation  
Texas Tech University HSC Dept. of Neu Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2011  
**Transaction ID : 33184269**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**c. Dr. Kathy L. Gardner**

Mailing Address 4148 Windsor St

City State Zip Code  
Pittsburgh PA 15217-2663

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

Name of Employer Occupation  
Veterans Admin. 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  
 04 / 18 / 2011  
**Transaction ID : 33184270**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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 44 OF 93
	<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. Marc Chamberlain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6308 18th Ave NE  
 City State Zip Code  
 Seattle WA 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univeristy of Washington Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2011  
**Transaction ID : 33184284**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Jeffrey J. Raizer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1506 Kittyhawk Lane  
 City State Zip Code  
 Glenview IL 60226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern University Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2011  
**Transaction ID : 33184288**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. David A. Konanc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1540 Sunday Dr Ste 100  
 City State Zip Code  
 Raleigh NC 27607-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raleigh Neurology Associates, P.A. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2011  
**Transaction ID : 33184322**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 45 OF 93
	<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. Neil A. Busis**  
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Rosewood Street

City Pittsburgh State PA Zip Code 15208-2639

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

Name of Employer Pittsburgh Neurology Ctr. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2011  
**Transaction ID : 33184339**

Amount of Each Receipt this Period  
 2000.00

**B. 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2011  
**Transaction ID : 33184372**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 55 Grace Church St.

City Rye State NY Zip Code 10580

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

Name of Employer Columbia University Occupation Physician

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  
 04 / 15 / 2011  
**Transaction ID : 33184389**

Amount of Each Receipt this Period  
 500.00

**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 46 OF 93
<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 BrainPAC**

**A. Dr. Aaron E. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 E 86th St Apt 7B

City New York	State NY	Zip Code 10028-1059
------------------	-------------	------------------------

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

Name of Employer Mount Sinai School of Medicine	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	15	/	2011

**Transaction ID : 33184967**

Amount of Each Receipt this Period  
1000.00

**B. 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 ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	18	/	2011

**Transaction ID : 33186958**

Amount of Each Receipt this Period  
150.00

**C. 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 ▼  
708.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	18	/	2011

**Transaction ID : 33186963**

Amount of Each Receipt this Period  
89.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1239.00
<b>TOTAL</b> 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 47 OF 93
	<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. 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 Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2011  
**Transaction ID : 33186965**

Amount of Each Receipt this Period  
 85.00

**B. Dr. Katherine A. Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 33rd St Apt 16M

City New York State NY Zip Code 10016-9419

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

Name of Employer NYU School of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2011  
**Transaction ID : 33186967**

Amount of Each Receipt this Period  
 200.00

**C. Dr. Elizabeth Minto**  
Full Name (Last, First, Middle Initial)

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36532

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

Name of Employer Neurology: Child and Adult, P.C. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2011  
**Transaction ID : 33186971**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.00
<b>TOTAL</b> 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 48 OF 93
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas Swanson</b>		Date of Receipt MM / DD / YYYY 04 / 18 / 2011 <b>Transaction ID : 33187079</b>
Mailing Address 5748 Prospect Dr Address 3		Amount of Each Receipt this Period 250.00
City Missoula	State MT	
Zip Code 59808-8608		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel C. Potts</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2011 <b>Transaction ID : 33215612</b>
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	
Zip Code 35406-1801		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Maureen A. Callaghan</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2011 <b>Transaction ID : 33215816</b>
Mailing Address PO Box 6059 1617 Sylvester St SW		Amount of Each Receipt this Period 375.00
City Olympia	State WA	
Zip Code 98501-2228		Aggregate Year-to-Date ▼ 375.00
FEC ID number of contributing federal political committee. C		
Name of Employer Madigan Army Medical Center / Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> 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 49 OF 93
	<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. John G. Nutt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3181 SW Sam Jackson Park Rd  
Department of Neurology OP-32

City Portland State OR Zip Code 97239-3011

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

Name of Employer Oregon Health Sci University Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2011  
**Transaction ID : 33218229**

Amount of Each Receipt this Period  
500.00

**B. Dr. Michael Gruenthal**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 New Scotland Ave  
Neurology Dept MC70

City Albany State NY Zip Code 12208-3479

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

Name of Employer Albany Medical College Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2011  
**Transaction ID : 33222596**

Amount of Each Receipt this Period  
500.00

**C. Dr. Wesley A. Carr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1031 McClellan Road

City Anderson State SC Zip Code 29621

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

Name of Employer Neuroscience Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2011  
**Transaction ID : 33223690**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 50 OF 93  
(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. Christopher Prusinski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Lansing Island  
 City Indian Harbour Beach State FL Zip Code 32937  
 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  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2011  
**Transaction ID : 33223693**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Michael C. Graeber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 971 Lakeland Dr Ste 560  
 City Jackson State MS Zip Code 39216-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Muscle & Nerve, PA 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  
 04 / 27 / 2011  
**Transaction ID : 33230968**  
 Amount of Each Receipt this Period  
 750.00

**C. Dr. Todd J. Janus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Muskogee Avenue  
 City Des Moines State IA Zip Code 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health Physicians Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2011  
**Transaction ID : 33234012**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00  
**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 51 OF 93
	<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. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2011

**Transaction ID : 33234023**

Amount of Each Receipt this Period  
 100.00

**B. Dr. Lynne P. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City Boston State MA Zip Code 02116-5449

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

Name of Employer Virginia Mason Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2011

**Transaction ID : 33234026**

Amount of Each Receipt this Period  
 118.00

**c. 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 ▼ 556.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2011

**Transaction ID : 33234039**

Amount of Each Receipt this Period  
 156.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.00
<b>TOTAL</b> 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 52 OF 93
<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 BrainPAC**

**A. Dr. Michael E. Batipps**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Irving St NW Ste 2600  
 City Washington State DC Zip Code 20010-2962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Hospital Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2011  
**Transaction ID : 33238672**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Manmohan Nayyar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15007 Pamlico Rd  
 City Apple Valley State CA Zip Code 92307-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer High Desert Neuro-Diagnostic Med. Grp. Occupation Physician  
 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  
 04 / 28 / 2011  
**Transaction ID : 33238904**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Dennis Q. McManus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8600 North Route 91 Suite 230  
 City Peoria State IL Zip Code 61615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIU School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2011  
**Transaction ID : 33239279**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 53 OF 93
	<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. Leo R. Germin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1691 W Horizon Ridge Pkwy  
 City Henderson State NV Zip Code 89012-3494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Neurology Specialists 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  
 05 / 01 / 2011  
**Transaction ID : 33250018**  
 Amount of Each Receipt this Period  
 250.00

**B. 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 ▼ 797.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2011  
**Transaction ID : 33250027**  
 Amount of Each Receipt this Period  
 89.00

**c. Dr. Joseph S. Kass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4929 Valerie  
 City Bellaire State TX Zip Code 77401-5707  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2011  
**Transaction ID : 33250029**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	389.00
<b>TOTAL</b> 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 54 OF 93
	<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. Lyzette E. Velazquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Glen Hill Ln  
 City Tarrytown State NY Zip Code 10591-5061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bronx Medical Neuro Care 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  
 05 / 02 / 2011  
**Transaction ID : 33250032**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Niranjan N. Jani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hawthorne Office Park  
 10810 Hickory Ridge Road  
 City Columbia State MD Zip Code 21044-3622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgetown & Maryland State Universiti 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  
 05 / 02 / 2011  
**Transaction ID : 33255926**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Bernard M. Weintraub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 608  
 City Flanders State NJ Zip Code 07836-0608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurologic Arts Association Occupation Physician  
 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  
 05 / 02 / 2011  
**Transaction ID : 33261278**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 55 OF 93  
(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. Richard L. Pantera Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 623 W Willow Ave  
 City Visalia State CA Zip Code 93291-6101  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2011  
**Transaction ID : 33284096**  
 Amount of Each Receipt this Period  
 1000.00

**B. 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 10023-6558  
 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 ▼ 2999.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2011  
**Transaction ID : 33285511**  
 Amount of Each Receipt this Period  
 2999.00

**C. Dr. Robert C. Griggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 East Ave Apt A  
 City Rochester State NY Zip Code 14607-2271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Rochester Sch of Med Occupation Physician  
 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  
 05 / 09 / 2011  
**Transaction ID : 33291940**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4499.00  
**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 56 OF 93
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. J Michael Powers</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2011 <b>Transaction ID : 33295358</b>
Mailing Address 7510 N 1st St		Amount of Each Receipt this Period 250.00
City Phoenix	State AZ	
Zip Code 85020-4001		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Affiliated Neurologists Ltd	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark S. Yerby</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2011 <b>Transaction ID : 33301122</b>
Mailing Address 1233 SW 57th Avenue		Amount of Each Receipt this Period 500.00
City Portland	State OR	
Zip Code 97221-2507		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer North Pacific Epilepsy Research	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Hutchinson</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2011 <b>Transaction ID : 33305373</b>
Mailing Address 530 1st Ave # 5A		Amount of Each Receipt this Period 1000.00
City New York	State NY	
Zip Code 10016-6402		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Langone Med. Center	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 57 OF 93  
(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. 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 Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 16 / 2011  
**Transaction ID : 33305689**  
 Amount of Each Receipt this Period 85.00

**B. Dr. Katherine A. Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 E 33rd St Apt 16M  
 City New York State NY Zip Code 10016-9419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 16 / 2011  
**Transaction ID : 33306213**  
 Amount of Each Receipt this Period 200.00

**C. Dr. Alexander Krob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 NE 139th St Suite 400  
 City Vancouver State WA Zip Code 98686-2742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept of Neurology Unc Hospitals Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 05 / 16 / 2011  
**Transaction ID : 33306564**  
 Amount of Each Receipt this Period 111.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 396.00  
**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 58 OF 93
	<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. 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 ▼ 500.00

Date of Receipt 05 / 16 / 2011  
**Transaction ID : 33307019**

Amount of Each Receipt this Period 100.00

**B. 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 ▼ 300.00

Date of Receipt 05 / 16 / 2011  
**Transaction ID : 33307021**

Amount of Each Receipt this Period 100.00

**C. Dr. Lynne P. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City Boston State MA Zip Code 02116-5449

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

Name of Employer Virginia Mason Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 354.00

Date of Receipt 05 / 16 / 2011  
**Transaction ID : 33307025**

Amount of Each Receipt this Period 118.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.00

**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 59 OF 93
<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 BrainPAC**

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

Mailing Address 127 Brookview Ave

City State Zip Code  
Fairfield CT 06825-1867

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 16 / 2011  
Transaction ID : 33307027

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
05 / 17 / 2011  
Transaction ID : 33331681

Amount of Each Receipt this Period  
150.00

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

Mailing Address 806 Timber Hill Road

City State Zip Code  
Highland Park IL 60035-5121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.00

Date of Receipt  
05 / 17 / 2011  
Transaction ID : 33332675

Amount of Each Receipt this Period  
111.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 361.00

**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 60 OF 93  
(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. Lynne P. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Charles St S Unit 5D  
 City Boston State MA Zip Code 02116-5449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Mason Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 472.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2011  
**Transaction ID : 33373542**  
 Amount of Each Receipt this Period  
 118.00

**B. Dr. Todd J. Janus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Muskogee Avenue  
 City Des Moines State IA Zip Code 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health Physicians Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2011  
**Transaction ID : 33373594**  
 Amount of Each Receipt this Period  
 100.00

**C. 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2011  
**Transaction ID : 33373613**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.00  
**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 61 OF 93
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Carolyn L. Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2011 <b>Transaction ID : 33373616</b>
Mailing Address 11 Bellwether Way Suite 210		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Glen R. Finney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2011 <b>Transaction ID : 33375796</b>
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 886.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Glen R. Finney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2011 <b>Transaction ID : 33378193</b>
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	278.00
<b>TOTAL</b> 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 62 OF 93
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph S. Kass</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2011 <b>Transaction ID : 33378200</b>
Mailing Address 4929 Valerie		Amount of Each Receipt this Period 50.00
City Bellaire	State TX	Zip Code 77401-5707
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan G. Stein</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2011 <b>Transaction ID : 33378202</b>
Mailing Address 1301 Punchbowl St		Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Lyzette E. Velazquez</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2011 <b>Transaction ID : 33378204</b>
Mailing Address 29 Glen Hill Ln		Amount of Each Receipt this Period 100.00
City Tarrytown	State NY	Zip Code 10591-5061
FEC ID number of contributing federal political committee. C		
Name of Employer Bronx Medical Neuro Care	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> 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 63 OF 93
	<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. Elaine C. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 603253

City Providence State RI Zip Code 02906

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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 07 / 2011**

**Transaction ID : 33404547**

Amount of Each Receipt this Period  
**250.00**

**B. Dr. Robert L. Ruff**  
Full Name (Last, First, Middle Initial)

Mailing Address 935 Richmond Road

City Lyndhurst State OH Zip Code 44124

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

Name of Employer Case Western Res University 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  
**06 / 08 / 2011**

**Transaction ID : 33423726**

Amount of Each Receipt this Period  
**500.00**

**C. 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 Tufts University School of Medicine 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  
**06 / 13 / 2011**

**Transaction ID : 33446999**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1250.00</b>
<b>TOTAL</b> 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 64 OF 93  
(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. Edward F. Good**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 Preston Hollow Rd  
 City State Zip Code  
 Fort Worth TX 76109-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2011  
**Transaction ID : 33447001**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Elliott G. Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Horseshoe Hill Rd  
 City State Zip Code  
 Pound Ridge NY 10576-1636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2011  
**Transaction ID : 33447005**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Joel M. Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Orchard Ave Unit G  
 City State Zip Code  
 Grand Junction CO 81501-2997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Community Health Providers Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2011  
**Transaction ID : 33447014**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 65 OF 93
	<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. Sajjan K. Nemani**  
Full Name (Last, First, Middle Initial)

Mailing Address 1054 M L King Dr Ste 124

City Centralia State IL Zip Code 62801-3065

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2011

**Transaction ID : 33447023**

Amount of Each Receipt this Period  
 250.00

**B. Dr. Gary L. Stanton**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 Old Road To 9 Acre Cor Ste 600

City Concord State MA Zip Code 01742-4191

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

Name of Employer Emerson Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2011

**Transaction ID : 33447752**

Amount of Each Receipt this Period  
 400.00

**C. Dr. Jennifer J. Majersik**  
Full Name (Last, First, Middle Initial)

Mailing Address 1746 Yalecrest Ave

City Salt Lake City State UT Zip Code 84108

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

Name of Employer University of Utah 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  
 06 / 15 / 2011

**Transaction ID : 33449565**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 66 OF 93
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Bruce H. Cohen</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2011 <b>Transaction ID : 33453316</b>
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Glen R. Finney</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2011 <b>Transaction ID : 33453321</b>
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1064.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. James M. Gilchrist</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2011 <b>Transaction ID : 33453325</b>
Mailing Address 586 Old Westport Rd		Amount of Each Receipt this Period 125.00
City North Dartmouth	State MA	Zip Code 02747-2383
FEC ID number of contributing federal political committee. C	Name of Employer Neurology Foundation	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	364.00
<b>TOTAL</b> 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 67 OF 93  
(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. 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 Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 15 / 2011  
**Transaction ID : 33453331**  
 Amount of Each Receipt this Period 85.00

**B. 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 ▼ 500.00

Date of Receipt 06 / 15 / 2011  
**Transaction ID : 33453376**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Alexander Krob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 NE 139th St Suite 400  
 City Vancouver State WA Zip Code 98686-2742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept of Neurology Unc Hospitals Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 06 / 15 / 2011  
**Transaction ID : 33453378**  
 Amount of Each Receipt this Period 111.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 446.00  
**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 68 OF 93  
(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. Steven L. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 Timber Hill Road  
 City Highland Park State IL Zip Code 60035-5121  
 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 ▼ 333.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011  
**Transaction ID : 33453381**  
 Amount of Each Receipt this Period  
 111.00

**B. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011  
**Transaction ID : 33453395**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Jeremy M. Shefner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7994 Everglades Drive  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011  
**Transaction ID : 33453397**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 461.00  
**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 69 OF 93
	<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. Lynne P. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City Boston State MA Zip Code 02116-5449

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

Name of Employer Virginia Mason Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011

**Transaction ID : 33453402**

Amount of Each Receipt this Period  
**118.00**

**B. 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011

**Transaction ID : 33453407**

Amount of Each Receipt this Period  
**100.00**

**C. 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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011

**Transaction ID : 33454139**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>318.00</b>
<b>TOTAL</b> 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 70 OF 93
	<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. William J. Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 McGregor Ct  
 City State Zip Code  
 Mobile AL 36608-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Volunteer Retired  
 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  
 06 / 22 / 2011  
**Transaction ID : 33484981**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City State Zip Code  
 Union ME 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Penobscot Bay Medical Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2011  
**Transaction ID : 33485229**  
 Amount of Each Receipt this Period  
 100.00

**C. 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2011  
**Transaction ID : 33485243**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 71 OF 93  
(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 BrainPAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Bryan Soronson**

Mailing Address 10 Leicester Ct

City Owings Mills State MD Zip Code 21117-1264

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

Name of Employer Univ. MD Dept. Neurology Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2011**

**Transaction ID : 34275572**

Amount of Each Receipt this Period  
**0.00**

**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00

Full Name (Last, First, Middle Initial)  
**B.**

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

Full Name (Last, First, Middle Initial)  
**C.**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>95072.00</b>

**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. America's New Majority**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2011

**Transaction ID : 32796152**

Amount of Each Disbursement this Period

2500.00

Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Mccollum For Congress**

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Betty McCollum**

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

Disbursement For: 2012  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2011

**Transaction ID : 32890060**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Vine PAC**

Mailing Address 236 Massachusetts Avenue, NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2011

**Transaction ID : 32901328**

Amount of Each Disbursement this Period

1500.00

Leadership PAC

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

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

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. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2011

**Transaction ID : 32968287**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2011

**Transaction ID : 32969175**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address Ronald Reagan Republican Center  
425 2nd Street NE

City State Zip Code  
Washington DC 2000

Purpose of Disbursement  
National Party Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2011

**Transaction ID : 33006510**

Amount of Each Disbursement this Period

5000.00

National Party 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)  
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. Heller For Congress**

Mailing Address PO Box 531086

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2011

**Transaction ID : 33015631**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2011

**Transaction ID : 33015633**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2011

**Transaction ID : 33015634**

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. Gingrey For Congress, Inc.**

Mailing Address PO Box U

City State Zip Code  
Marietta GA 30060

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Phil Gingrey M.D.**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2011

**Transaction ID : 33026947**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

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
03	/	03	/	2011

**Transaction ID : 33026950**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jim Gerlach For Congress Committee**

Mailing Address PO Box 87

City State Zip Code  
Uwchland PA 19480

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. James W. Gerlach**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2011

**Transaction ID : 33043383**

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)..... ▶

7000.00
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**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. Hoyer For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Steny H. Hoyer**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2011

**Transaction ID : 33044890**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Edwin Perlmutter**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 33069179**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Bucshon For Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Larry Bucshon MD**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 33069184**

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)..... ▶

4500.00

**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. Rogers For Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Michael J. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 33069192**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Berkley For Congress**

Mailing Address 3077 E Warm Springs Rd Suite 300

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Shelley Berkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 33069200**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. JOE PAC**

Mailing Address 1707 Prince Street #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID : 33069214**

Amount of Each Disbursement this Period

2500.00

Leadership PAC 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. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City State Zip Code  
Catonsville MD 21228

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Benjamin Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2011

**Transaction ID : 33087435**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. TRUST PAC**

Mailing Address 104 Hume Avenue

City State Zip Code  
Alexandria VA 22301

Purpose of Disbursement  
Leadership PAC Contribution

011

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  
03 / 15 / 2011

**Transaction ID : 33087440**

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Pete Sessions For Congress**

Mailing Address PO Box 823047

City State Zip Code  
Dallas TX 75382

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Pete Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2011

**Transaction ID : 33087444**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

5000.00

**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)

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<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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2011

**Transaction ID : 33087447**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Brown For Us Senate Committee Inc**

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Scott Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2011

**Transaction ID : 33087579**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Snowe For Senate**

Mailing Address PO Box 2012

City Portland State ME Zip Code 04104

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Olympia J. Snowe**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2011

**Transaction ID : 33090801**

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. National Republican Congressional Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Mailing Address 320 First Street SE

**Transaction ID : 33090802**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Party Contribution

0	1	1
---	---	---

Category/  
Type

Party Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Mailing Address 320 First Street SE

**Transaction ID : 33090804**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Void - National Republican Congressional Committee

0	1	1
---	---	---

Category/  
Type

Void - National Republican Congressional Committee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	1

Mailing Address 1519 Washington Street  
Suite 200

**Transaction ID : 33120222**

City Laredo State TX Zip Code 78042

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Campaign Contribution

0	1	1
---	---	---

Category/  
Type

Campaign Contribution

Candidate Name  
**Rep. Henry Cuellar**

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

Disbursement For: 2012  Primary  General  Other (specify) ▼

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**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. Russ Carnahan In Congress Committee**

Mailing Address PO Box 190033

City State Zip Code  
St Louis MO 63119

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Russ Carnahan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2011

**Transaction ID : 33121752**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Rep. David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID : 33135347**

Amount of Each Disbursement this Period

5000.00

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Charles W. Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2011

**Transaction ID : 33142547**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

8500.00

**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. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Party Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 33148882**

Amount of Each Disbursement this Period

Political Party Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Void - Democratic Senatorial Campaign Committee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 33148884**

Amount of Each Disbursement this Period

Void - Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Party Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 33148885**

Amount of Each Disbursement this Period

Political Party Contribution

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

**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. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Debbie Wasserman-Schultz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 20

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2011

**Transaction ID : 33239596**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Congressional PAC Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2011

**Transaction ID : 33277110**

Amount of Each Disbursement this Period

5000.00

Congressional PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Paul Gosar For Congress**

Mailing Address P.O. Box 3586

City Flagstaff State AZ Zip Code 86003

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Paul R. Gosar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2011

**Transaction ID : 33294899**

Amount of Each Disbursement this Period

1000.00

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)  
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. John D. Dingell For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John D. Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2011

**Transaction ID : 33294900**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. TFP-FOJB Committee**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Leadership Committee

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2011

**Transaction ID : 33301207**

Amount of Each Disbursement this Period

2500.00

Leadership Committee

Full Name (Last, First, Middle Initial)

**C. Rhode Island Hope PAC**

Mailing Address 10 G Street, NE Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership Committee

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2011

**Transaction ID : 33301209**

Amount of Each Disbursement this Period

5000.00

Leadership Committee

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

8500.00

**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. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Charles W. Boustany Jr.**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2011

**Transaction ID : 33304733**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Fleming For Congress**

Mailing Address P.O. Box 1236

City State Zip Code  
Minden LA 71058

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John C. Fleming MD**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID : 33304790**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Fleming For Congress**

Mailing Address P.O. Box 1236

City State Zip Code  
Minden LA 71058

Purpose of Disbursement  
Void - Fleming For Congress

011

Candidate Name

**Rep. John C. Fleming MD**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID : 33304792**

Amount of Each Disbursement this Period

-1000.00

Void - Fleming For Congress

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

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

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. Fleming For Congress**

Mailing Address P.O. Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John C. Fleming MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID : 33304793**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrasso Committee**

Mailing Address 406 Virginia Ave.,

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. John Barrasso**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2011

**Transaction ID : 33350637**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2011

**Transaction ID : 33356085**

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. Friends Of Max Baucus**

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2011

**Transaction ID : 33356086**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

**Transaction ID : 33356316**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Fortney Peter Stark**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

**Transaction ID : 33356317**

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)  
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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. Friends Of Lois Capps**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Lois Capps**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2011

**Transaction ID : 33378436**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Republican Main Street PAC**

Mailing Address 325 7th Street, NW  
Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2011

**Transaction ID : 33378440**

Amount of Each Disbursement this Period

5000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Andy Harris For Congress**

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Andy Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

**Transaction ID : 33380724**

Amount of Each Disbursement this Period

1000.00

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)  
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. Al Franken For Senate 2014**

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Al Franken**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2011

**Transaction ID : 33423833**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol St. SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
National Party Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID : 33431808**

Amount of Each Disbursement this Period

5000.00

National Party Contribution

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID : 33447513**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

8500.00

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

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

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Detailed Summary Page

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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. Paul Broun Committee**

Mailing Address P.O. Box 6337

City Athens State GA Zip Code 30604

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Paul C. Broun MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2011

Transaction ID : 33447716

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Diane Black**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2011

Transaction ID : 33447746

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78042

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  
06 / 15 / 2011

Transaction ID : 33456063

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. Klobuchar For Minnesota 2012**

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Amy Klobuchar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID : 33469902**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID : 33469903**

Amount of Each Disbursement this Period

2000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Cassidy For Congress**

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Bill Cassidy MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID : 33484965**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

**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. Building a Majority PAC**

Mailing Address 10 G Street, NE, Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID : 33484970**

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Eric I. Cantor**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID : 33488342**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**

Mailing Address 426 C Street NE  
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID : 33488343**

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

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

8500.00

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

113500.00