Image# 12950078829			_		PAGE 1 / 93
	EPORT OF ND DISBUR Other Than An Auth	SEMENT	s		Office Use Only
1. NAME OF TYF COMMITTEE (in full)	PE OR PRINT V	Example: If typin over the lines.	ng, type	12FE4M5	
American Academy of Ne	urology BrainPAC				
ADDRESS (number and street)	09b 2nd St. NE				
Check if different					
than previously reported. (ACC)	Vashington				20002
2. FEC IDENTIFICATION NUMB		Y 🔺	S		ZIP CODE
C C00435933			NEW N) OR	× AMI	ENDED
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 	Report Due On: Mar	20 (M3)		Sep 2	
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST -Election Report for the: Election	General (300		Runoff (30	
5. Covering Period 01	01 / Y Y Y 01 2011	through	06	/ D D / 30	Y Y Y Y 2011
I certify that I have examined this R	-	my knowledge and	pelief it is true	e, correct and	complete.
	Mr. Timothy J. Engel	[Electronicall	y Filed] Da	ate 01	/ D D / Y Y Y Y 12 2012
NOTE: Submission of false, erroneous	, or incomplete information	may subject the per	son signing thi	s Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

01/12/2012 18 : 02

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Academy of Neurology BrainPAC M М D Μ M 01 01 2011 06 30 2011 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 153878.00 January 1, 2011 (b) Cash on Hand at 154878.00 Beginning of Reporting Period..... 132004.86 132004.86 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 286882.86 285882.86 6(a) and 6(c) for Column B)..... 113600.00 113600.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 173282.86 172282.86 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

132004.86

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	t	
(a) Individuals/Persons Other		
Than Political Committees	95072.00	95072.00
(i) Itemized (use Schedule A)	7 7 7	
(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	0.00	0.00
(such as PACs)	7 7	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	132004.86	132004.86
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Lean Panaymente Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7 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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)) ►	132004.86	132004.86

132004.86

10

(subtract Line 18(c) from Line 19)►

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(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))► Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	113500.00	113500.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds	100.00	100.00
(add Lines 28(a), (b), and (c)) ►		
Other Disbursements	0.00	0.00
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	0.00	0.00
With Federal Funds (c) Total Federal Election Activity (add	7 7 7	
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	113600.00	113600.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	113600.00	113600.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	132004.86	132004.86
I. Total Contribution Refunds (from Line 28(d))	100.00	100.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	131904.86	131904.86
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

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

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		1 1a			11c	12		1			
Any information copied from such Reports	and Statements m	av not be sold or used by any p	erson	13 for the	purpos		15 olicitina	contrib	utions	17			
or for commercial purposes, other than usi	ing the name and a	address of any political committee	e to so	plicit co	ntributic	ons fro	om such	commi	ttee.				
NAME OF COMMITTEE (In Full)													
American Academy of Neu	rology BrainP	AC											
Full Name (Last, First, Middle Initial) A. Catherine M. Rydell				Date of	f Recei	pt							
Mailing Address 4645 Park Commons, #	# 319			M M		D D	/ Y	Y Y	Y				
City	State	Zip Code	_	01 06 2011 Transaction ID : 32812531									
St. Louis Park	MN	55416											
FEC ID number of contributing federal political committee.	С						ceipt this Period 1000.00						
Name of Employer	Occupation	1											
American Academy of Neurology		Director/CEO											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			11.										
Other (specify)		1000.00	4										
Full Name (Last, First, Middle Initial) B. Dr. Dominic B. Fee				Date of	E Rocci	nt							
Mailing Address 1224 Litchfield Ln			_			ן די די די	/ V	Y Y	V				
Maining Radiose 1224 Eliciment Eli				01	/ L	16	/ 1	2011					
City	State	Zip Code		Trans	action	ID : 3	2867879						
Lexington	KY	40513-1794		Amount	t of Ea	ch Re	ceipt this	s Perior	b				
FEC ID number of contributing federal political committee.	C				7		3	100	0.00				
Name of Employer	Occupatior	1	_										
Univ of Kentucky	Neurologist												
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify)		1000.00	11										
			<u> </u>										
Full Name (Last, First, Middle Initial) C. Dr. Judy S. Fine-Edelstein				Date of	f Recei	pt							
Mailing Address 27 Saddle Club Road				01	/ [19	/ Y	у у 2011	Y				
City	State	Zip Code			action		2876944						
Lexington	MA	02420-2121		Amount	t of Ea	ch Re	ceipt this	s Perio	d				
FEC ID number of contributing federal political committee.	C				. ,		9	100	0.00				
Name of Employer	Occupation	1											
Self Neu		t											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		1000.00	1										
		1 1 1											
	I			_									
SUBTOTAL of Receipts This Page (option	nal)						7	3000).00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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•••			Detailed Summary Page		1 1a		11b	11c	12					
_			, ,		13		14	15	16		17			
	y information copied from such Reports and for commercial purposes, other than using t													
\backslash	NAME OF COMMITTEE (In Full)													
	American Academy of Neurolo	ogy BrainP	AC											
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Swanson				Date of	f Re	ceipt							
	Mailing Address 5748 Prospect Dr				M M	/	D	D / Y	Y Y	(Y			
	Address 3				01 19 2011									
	City	State	Zip Code	Transaction ID : 32876949										
	Missoula	MT	59808-8608		Amoun	t of	Each F	Receipt th	nis Perio	od				
	FEC ID number of contributing federal political committee.	С					,	7	2	50.0	00			
	Name of Employer	Occupation	1											
	Self	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		250.00											
в.	Full Name (Last, First, Middle Initial) Dr. Pushpa Narayanaswami				Date of	f Re	ceipt							
	Mailing Address 506 Clinton Road				M M				2011		Y			
	City	State	Zip Code	01 23 2011 Transaction ID : 32895941										
	Chestnut Hill	MA	02467-1419							od				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						00				
	Name of Employer	Occupation	1	_										
	Beth Israel Deaconess Medical Center	Physician												
	Receipt For:		Year-to-Date ▼											
	Primary General	Aggregate		11.										
	Other (specify) ▼		1000.00											
c.	Full Name (Last, First, Middle Initial) Dr. Erik Perkins				Date of	f Re	ceipt							
	Mailing Address 11660 Cypress Canyon Ro	ad			01	/	26		2011		Y			
	City	State	Zip Code		Trans	sacti	on ID	: 3290125	57					
	San Diego	CA	92131-3756		Amoun	t of	Each F	Receipt th	nis Peri	od				
FEC ID number of contributing federal political committee.		С					7		5	00.0	00			
	Name of Employer	Occupation	1	\neg										
	Sharp-Rees-Stealy Medical Group	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3 - 4		11.										
	Other (specify)		500.00											
s	UBTOTAL of Receipts This Page (optional).			•			,		17	50.0)0			

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page		_	11a 13		11b 14	11c	-	12 16	1	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	y not be sold or used by any pe ddress of any political committee	erson to s	fo	r the	purp ntrib	pose of	solicitin	g co h co	ntributi	ons	
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology												
Α.	Full Name (Last, First, Middle Initial) Dr. Simon J. Farrow Mailing Address 1804 Piccolo Way				_	ate of M M 01	_	ceipt 28) / Y		011	Ŷ	
	City	State NV	Zip Code 89146-3029						3290814				
	Las Vegas FEC ID number of contributing federal political committee.	C	69140-3029		Ar	mount	of	Each R	leceipt tl	nis P	Period	00	
	Name of Employer Simon Farrow Neurology Receipt For: Primary Other (specify)	Occupation Neurologist Aggregate	Year-to-Date ▼ 500.00										
B.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenue				_	ate of M M	Re	eceipt 01) / Y)11	Ŷ	
	City	State FL	Zip Code						3291130			_	
	Gainesville FEC ID number of contributing federal political committee. Name of Employer Univ. of FL Dept. of Neurology	C Occupation Behavioral N	32606-9180		Ar	mount	of	Each R	Receipt th	nis P	eriod 89.(00	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 267.00										
C.	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones				Da	ate of	Re	ceipt					
	Mailing Address PO Box 603253				Γ	м м 02	/	01) / Y)) 11	Y	
	City Providence	State RI	Zip Code 02906						329113 Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С						7			250.	00	
	Name of Employer Self	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)							7		_	839.0	0	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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93

ITEMIZED RECEIPTS	for each cate Detailed Sum		11b 11c 12 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainPAC		
Full Name (Last, First, Middle Initial) Dr. Michael J. Kaminski Mailing Address 2307 Valley Brook Rd City Nashville FEC ID number of contributing federal political committee. Name of Employer St. Thomas Neurology Group Receipt For: Primary General Other (specify) ▼	State TN Zip Code 37215 C Occupation Occupation Physician Aggregate Year-to-Date ▼	02 Tran	of Receipt 09 2011 saction ID : 32951241 nt of Each Receipt this Period 1500.00
Full Name (Last, First, Middle Initial) B. Dr. Heidi B. Schwarz Mailing Address 90 Gorham St City Canandaigua FEC ID number of contributing federal political committee. Name of Employer University of Rochester Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14424 C Occupation Physician Aggregate Year-to-Date ▼	02 Trans	of Receipt 10 2011 saction ID : 32959446 nt of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Briseida E. Feliciano-Astacio Mailing Address PO Box 6828 City Caguas FEC ID number of contributing federal political committee. Name of Employer Neoera Medical Receipt For: Primary General Other (specify)	State Zip Code PR 00726-6828 C Occupation Neurologist Aggregate Year-to-Date ▼	02 Tran	of Receipt 12 2011 saction ID : 32967629 nt of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		······ •	3500.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
American Academy of Neurology	BrainPAC	
Neurology Associates F	State Zip Code FL 33872-2171 C Decupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Retired N	State Zip Code IL 60611-2968 C Decupation leurologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Childrens Specialty Group	State Zip Code VA 23510-1021 C C Decupation Decupation Physician Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	2000.00

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

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FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs Mailing Address 901 East Ave Apt A			Date of Receipt
	City Rochester	State NY	Zip Code 14607-2271	02 16 2011 Transaction ID : 32993784 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Univ of Rochester Sch of Med Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane		Date of Receipt	
	City	State	Zip Code	02 16 2011 Transaction ID : 32993794
	Twinsburg	OH	44087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Children's Hospital and Med. Center of	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
с.	Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance			Date of Receipt
	Mailing Address 444 NW Elks Dr	Ctata	Zin Oode	02 / 24 / 2011
	City Corvallis	State OR	Zip Code 97330-3758	Transaction ID : 33007484 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	
	Corvalis Clinic	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1
s	UBTOTAL of Receipts This Page (optional)			1650.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC	
Full Name (Last, First, Middle Initial) A. Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenue City Gainesville FEC ID number of contributing federal political committee. Name of Employer Univ. of FL Dept. of Neurology Receipt For: Primary General Other (specify)	State FL C Occupation Behavioral Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. John David Hixson Mailing Address 1224 3rd Ave City San Francisco FEC ID number of contributing federal political committee. Name of Employer UCSF Receipt For: Primary General Other (specify)	State CA C Occupation Physician Aggregate	Zip Code 94122-2705 Year-to-Date ▼ 500.00	Date of Receipt 02 28 2011 Transaction ID : 33012373 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) C. Dr. Linda A. Hershey Mailing Address 367 Lebrun Rd City Amherst FEC ID number of contributing federal political committee. Name of Employer VAMC & U at Buffalo Receipt For: Primary General Other (specify)	State NY C Occupation Physician Aggregate	Zip Code 14226-4130 Year-to-Date ▼ 1000.00	Date of Receipt 03 / 03 / 2011 Transaction ID : 33027222 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional).			1585.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Sum	mary Page	2	(11a		11b		11c	12				
						13		14		15	16	-		7	
	ny information copied from such Reports and Sta for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)		-												
$\Big/$	American Academy of Neurology	/ BrainP/	AC												
A.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney					Date	of R	eceipt							
	Mailing Address 9235 NW 26th Avenue					03	M		D)4	/ Y	2011		Y		
	City	State	Zip Code				sac			3030720					
	Gainesville	FL	32606-9180							ceipt thi		iod			
	FEC ID number of contributing federal political committee.	С						7			_	89.0	00]	
	Name of Employer	Occupation													
	Univ. of FL Dept. of Neurology	Behavioral I	Neurology												
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General			444.00											
	Other (specify)	L	7 7	441.00											
	Full Name (Last, First, Middle Initial)														
Β.	Dr. Gregory L. Barkley					Date	of R	eceipt							
	Mailing Address 2890 Burlington St					03	VI		D 04	/ Y	2011	Y Y	r		
	City	State	Zip Code			Tran	sact	tion ID):33	3030733	3				
	Ann Arbor	MI	48105-1435		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						3		7	1	100.0	00		
	Name of Employer	Occupation													
	Henry Ford Hospital	Neurologist													
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General	_ · · · ·		300.00											
	Other (specify)		· · · ·	500.00											
с.	Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez					Date	of R	eceipt							
	Mailing Address 29 Glen Hill Ln					03	VI		D 04	/ Y	2011		Y		
	City	State	Zip Code			Trar	sac	tion ID	D:33	303073					
	Tarrytown	NY	10591-5061			Amou	nt of	f Each	Rec	ceipt thi	is Peri	iod			
	FEC ID number of contributing federal political committee.	С						7		7	1	100.0	00		
	Name of Employer	Occupation													
	Bronx Medical Neuro Care	Neurologist													
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General			300.00											
	Other (specify)		TT_	500.00											
s	UBTOTAL of Receipts This Page (optional)			•	•			- 1		7	2	289.0	0]	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainP	PAC	
Full Name (Last, First, Middle Initial) A. Dr. Patrick M. Capone Mailing Address 125A Medical Cir City State Winchester VA FEC ID number of contributing federal political committee. C Name of Employer Occupation Winchester Neurological Associates Physician Receipt For: Aggregate Other (specify) ▼ Image: Content of the system o	Zip Code 22601-3322 Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Mailing Address 58 Morton Street City State Needham Heights MA FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation BUMC Dept. of Neurology Physician Receipt For: Aggregate Other (specify) ▼ Image: Content of the state of the	Zip Code 02494-1204 Year-to-Date ▼ 1000.00	Date of Receipt 03 07 2011 Transaction ID : 33031988 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Mark A. Kozinn Mailing Address 3537 Knollwood Dr NW City State Atlanta GA FEC ID number of contributing C iderational political committee. Occupation Name of Employer Occupation Self Physician Receipt For: Aggregate Other (specify) ▼ Image: Content of the specify of the specific of th	Zip Code 30305-1021 Year-to-Date ▼ 2000.00	Date of Receipt 03 / 07 / 2011 Transaction ID : 33031995 Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional)		4000.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology B	rainPAC	
Rye Image: Second state	State Zip Code NY 10580 Cupation ysician gregate Year-to-Date ▼ 500.00	Date of Receipt
Elkhart I FEC ID number of contributing federal political committee. I Name of Employer Oc Elkhart Clinic Page int Ear: Page int Ear:	State Zip Code N 46514-4674 Cupation visician gregate Year-to-Date ▼ 1000.00	Date of Receipt
Mercer Island FEC ID number of contributing federal political committee. Name of Employer Swedish Neurosci. Institute, Swedish H Pagaint Far	State Zip Code WA 98040-5121 Cupation ysician gregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		2500.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Sara G. Austin Mailing Address 3006 Loveland Cove			Date of Receipt								
	City Austin	State TX	Zip Code 78746-7635	Transaction ID : 33032017 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		300.00								
	Name of Employer Self Receipt For:	Occupation Neurologist										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
В.	Full Name (Last, First, Middle Initial) Dr. Christopher Calder			Date of Receipt								
	Mailing Address 10 Norwood Dr	_		03 07 Y Y Y Y 2011								
	City Albany	State NY	Zip Code 12204-1215	Transaction ID : 33032131								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer Upstate Neurology Consultants LLP	Occupation Physician		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Kenneth J. Gaines			Date of Receipt								
	Mailing Address 1134D S. Clearview Pkwy PMB 287			03 07 2011								
	City New Orleans	State LA	Zip Code 70123-7144	Transaction ID : 33032145 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		1000.00								
	Name of Employer	Occupation										
	Self Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 1000.00									
s	UBTOTAL of Receipts This Page (optional)		•••••	1550.00								

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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC	
A. Full Name (Last, First, Middle Initial) Dr. Ignacio M. Carrillo-Nunez Mailing Address 35 Festivo City Irvine FEC ID number of contributing federal political committee. Name of Employer	State CA Cupation	Zip Code 92606	Date of Receipt
Neurology Specialists Med Group Receipt For: Primary General Other (specify)	Physician	Year-to-Date ▼ 250.00]
B. Full Name (Last, First, Middle Initial) Dr. David W. Brandes Mailing Address 106 Autumn Woods Drive			Date of Receipt
City Sweetwater FEC ID number of contributing federal political committee.	State TN	Zip Code 37874-6482	Transaction ID : 33033766 Amount of Each Receipt this Period 500.00
Name of Employer Self Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Dr. Laurence J. Kinsella Mailing Address 235 Rosemont Avenue			Date of Receipt
City Saint Louis FEC ID number of contributing federal political committee.	State MO	Zip Code 63119-2412	Transaction ID : 33034805 Amount of Each Receipt this Period 500.00
Name of Employer SSM Receipt For: Primary General Other (specify) ▼	Occupation Neurologis Aggregate]
SUBTOTAL of Receipts This Page (optional))		1250.00

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

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	for each category of Detailed Summary Pa	
		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela Mailing Address 9878 Zig Zag Road City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Univ of Cincinnati, Dept of Neuro Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45252 C Occupation Neurologist Aggregate Year-to-Date ▼	Date of Receipt 03 07 2011 Transaction ID : 33035679 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Michael W. Morse Mailing Address 2008 N Bridgeton Ct City Fayetteville FEC ID number of contributing federal political committee. Name of Employer Neurological Associates Receipt For: Primary General Other (specify) ▼	State Zip Code AR 72701-2992 C Occupation Neurologist Aggregate Year-to-Date ▼	Date of Receipt 03 07 2011 Transaction ID : 33036319 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Daniel Giang Mailing Address 12825 Amber LN City Yucaipa FEC ID number of contributing federal political committee. Name of Employer Loma Linda University Med Ctr Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92399-4973 C Occupation Physician Aggregate Year-to-Date ▼ 25	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

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TIEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12 16	17
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NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. Sarah M. Roddy Mailing Address COLEMAN PAVILION, PE CAMPUS ST City Loma Linda FEC ID number of contributing federal political committee. Name of Employer Loma Linda University Receipt For: Primary General	EDIATRICS 11175 State CA Occupation Physician	Zip Code 92350-0001			sact	07	2 / 23 330363 Receipt t	2 27	011 Period 250.	Y 00
Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Christopher Milford Mailing Address 11373 Rancho Villa Verde Place						eceipt			Ŷ	Y
City Las Vegas FEC ID number of contributing federal political committee.	State NV	Zip Code 89138-1551					330363 Receipt t	58	011 Period 1000.0	00
Name of Employer Silver State Neurology Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle Initial) Dr. Mark S. Yerby Mailing Address 1233 SW 57th Avenue City Portland FEC ID number of contributing federal political committee. Name of Employer North Pacific Epilepsy Research Receipt For: Primary General Other (specify) ▼	State OR C Occupation Physician Aggregate	Zip Code 97221-2507 Year-to-Date ▼ 500.00			sact	07		20 8 66	D11 Period 500.	
SUBTOTAL of Receipts This Page (optional)					7			1750.0	00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC	
Full Name (Last, First, Middle Initial) Dr. John C. Morris Mailing Address 8032 Orlando City State Saint Louis MO FEC ID number of contributing federal political committee. C Name of Employer Occupat Washington University School of Medici Physicia Receipt For: Aggregat Other (specify) ✓		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Joan Puglia Mailing Address 1 Windy Ridge Lane City State New Milford CT FEC ID number of contributing federal political committee. C Name of Employer Occupat Self - Northwest Hills Neurology, P.C. Neurolog Receipt For: Aggregat Other (specify) ▼ C		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton III Mailing Address 1280 W Peachtree St NW Apt 3904 City State Atlanta GA FEC ID number of contributing C Ideration of Employer Occupat Morehouse School of Medicine Physicia Receipt For: Aggregat Other (specify) ▼ Image: Control of the specify the specific text of the specific text of the specific text of text		Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1650.00

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	Detailed Summary Page					11b	11c		12												
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NAME OF COMMITTEE (In Full)																					
American Academy of Neuro	logy BrainP	AC																			
Full Name (Last, First, Middle Initial) A. Dr. Burk Jubelt				Date o	f Rec	ceipt															
Mailing Address 750 E Adams St Rm 5815																					
Department of Neurology				03	1	11	, , , ,		011	·											
City	State	Zip Code			sactio		3305275		,,,,												
Syracuse	NY	13210-2342		Amoun	t of E	Each R	eceipt thi	is P	eriod												
FEC ID number of contributing federal political committee.	С					,			300.	00											
Name of Employer	Occupation	1																			
SUNY HSC Syracuse	Neurologis																				
Receipt For:	Aggregate	Year-to-Date ▼																			
Primary General	, iggi egute		- L -																		
Other (specify)		300.00																			
Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen	Date of Receipt																				
Mailing Address 3141 Neille Lane	Mailing Address 3141 Neille Lane							03 15 2011													
City	State	Zip Code	Transaction ID : 33085755																		
Twinsburg	OH	44087	eceipt thi		eriod																
FEC ID number of contributing federal political committee.	С			150.00																	
Name of Employer	Occupation	1	_																		
Children's Hospital and Med. Center of	Physician																				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00]																		
Full Name (Last, First, Middle Initial) C. Dr. Glen R. Finney				Date o	f Rec	ceipt															
Mailing Address 9235 NW 26th Avenue				Date of Receipt 03 15 _2011 _																	
City	State	Zip Code		Trans	sactio	on ID :	3308589	0	_												
Gainesville	FL	32606-9180		Amoun	t of E	Each R	eceipt thi	is P	eriod												
FEC ID number of contributing federal political committee.	С					,	7		89.	00											
Name of Employer	Occupation	1																			
Univ. of FL Dept. of Neurology	Behavioral	Neurology																			
Receipt For:	Aggregate	Year-to-Date ▼																			
Primary General	39.09410																				
Other (specify)		530.00																			
SUBTOTAL of Receipts This Page (optional)								539.0	00	Ī										

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FEC Schedule A (Form 3X) Rev. 02/2003

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NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	ainPAC	
Self Physi	77005-2613	Date of Receipt
University of Rochester Physi	14618 pation	Date of Receipt 03 / 15 / 2011 Transaction ID : 33085942 Amount of Each Receipt this Period 250.00
Neurology: Child and Adult, P.C. Physi	36532 pation	Date of Receipt 03 / 15 / 2011 Transaction ID : 33085954 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	•	435.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainI	PAC	
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner Mailing Address 7994 Everglades Drive City State Manlius NY FEC ID number of contributing C federal political committee. Occupation Name of Employer Occupation SUNY Upstate Medical University Physician		Date of Receipt
Papaint For:	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Daniel B. Hier Mailing Address 230 W Second St #3106		Date of Receipt
City State Kansas City MO	Zip Code 64105	Transaction ID : 33087450 Amount of Each Receipt this Period
Primary General Other (specify) ▼		1000.00
C. Full Name (Last, First, Middle Initial) Dr. Benjamin M. Frishberg Mailing Address 5145 Seagrove Ct		Date of Receipt
City State San Diego CA FEC ID number of contributing federal political committee. C Name of Employer Occupation The Neurology Center Neurologi Receipt For: Aggregate Other (specify) ▼ C		03 15 2011 Transaction ID : 33087455 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	······	1500.00

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\backslash	NAME OF COMMITTEE (In Full)												
	American Academy of Neurolog	gy BrainP	AC										
Α.	Full Name (Last, First, Middle Initial) Dr. Joel M. Kaufman				П	ate of	Bo	ceint					
Π.	Mailing Address 6 Fenimore Road			_						V	Y	V	
						03	<i>'</i>	17	, , , ,		011	T	
	City	State	Zip Code			Trans	acti	ion ID :	3310059				
	Worcester	MA	01609-1711		A	mount	of	Each R	eceipt th	iis F	Period		
	FEC ID number of contributing federal political committee.	С						,			500	.00	
	Name of Employer	Occupation	1	_									
	Lifespan	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)		500.00										
	Full Name (Last, First, Middle Initial)												
В.	Dr. Azreena B. Thomas			_	D	ate of	Re	eceipt					
	Mailing Address 7711 Louis Pasteur Dr Ste 91	4				м м 03	/	D D 24	/ Y		у 011	Y	
	City	State	Zip Code		-	Transa	acti	on ID :	3311779	2		_	
	San Antonio	ТХ	78229-3424	_	A	mount	of	Each R	eceipt th	is F	'eriod		
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	Primary General		500.00										
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,										
с.	Full Name (Last, First, Middle Initial) Dr. Paula D. Ravin				D	ate of	Re	eceipt					
	Mailing Address 55 Lake Ave N				Γ	M M	/		/ Y		Y 1	Y	
	Department of Neurology City	State	Zip Code	_	5	03 Trans	acti	24	3311789		011	_	
	Worcester	MA	01655-0001						eceipt th		Period		
	FEC ID number of contributing federal political committee.	С			l			7			250		
	Name of Employer	Occupation	1	_									
	Univ of Mass Medical Center	Physician											
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	Primary General												
	Other (specify)		250.00										
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NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
AL Neurology and Sleep Medicine, P.C.	State Zip Code AL 35406-1801 C C Dccupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt
LifeBridge Health Brain & Spine Instit	State Zip Code MD 21230-3975 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Pittsburgh Neurology Ctr.	State Zip Code PA 15208-2639 C Decupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		2100.00

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			Detailed Summary Page		(11a		11b	11c		12							
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	NAME OF COMMITTEE (In Full)																
$\left \right\rangle$	American Academy of Neurolog	gy BrainP	AC														
Α.	Full Name (Last, First, Middle Initial) Dr. David S. Saperstein				Date of	f Re	ceipt										
	Mailing Address 5090 N 40th St Ste 250				M M	_	D) / Y	Y	Y	Y						
					03		27	. L	20	011							
	City	State	Zip Code		Trans	sacti	on ID :	3311909	7								
	Phoenix	AZ	85018-2134		Amoun	t of	Each F	Receipt th	is P	'eriod							
	FEC ID number of contributing federal political committee.	С					7		_	500.	00						
	Name of Employer	Occupation	1														
	Phoenix Neurological Associates	Physician															
	Receipt For:	Aggregate	Year-to-Date V														
	Other (specify) ▼		500.00	11													
				11													
В.	Full Name (Last, First, Middle Initial) Dr. James C. Stevens				Date of	f Re	ceipt										
	Mailing Address 12112 Aboite Center Road								03 29 2011								
	City	State	Zip Code			acti		3312174									
	Fort Wayne	IN	46814-9528		Amoun	t of	Each F	Receipt th	is F	^v eriod							
	FEC ID number of contributing federal political committee.	С					7		_	1000.	00						
	Name of Employer	Occupation	1														
	Allied Physicians, Inc.	Physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify) ▼			1000.00]													
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus				Date of	f Re	ceipt										
	Mailing Address 4008 Muskogee Avenue				м м 03	/	31) / Y) 011	Y						
	City	State	Zip Code		Trans	sacti	on ID :	3313150)7								
	Des Moines	IA	50312-4627		Amoun	t of	Each F	Receipt th	is P	'eriod							
	FEC ID number of contributing federal political committee.	С					7	7	_	100.	00						
Name of Employer Iowa Health Physicians		Occupation	1	-													
		Neurologis	t														
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	Primary General		300.00	ור													
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and s for commercial purposes, other than using th			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd			Date of Receipt
	City Union	State ME	Zip Code 04862-4628	Transaction ID : 33131522 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Penobscot Bay Medical Center Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley Mailing Address 2890 Burlington St			Date of Receipt
			7. 0.1	04 01 _2011 _
	City Ann Arbor	State MI	Zip Code 48105-1435	Transaction ID : 33138131 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer Henry Ford Hospital	Occupation Neurologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
с.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney			Date of Receipt
	Mailing Address 9235 NW 26th Avenue			04 / D D / Y Y Y Y Y 04 01 2011
	City Gainesville	State FL	Zip Code 32606-9180	Transaction ID : 33138133 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		89.00
	Univ. of FL Dept. of Neurology			
			Neurology	_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 619.00]
s	UBTOTAL of Receipts This Page (optional)			289.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	ainPAC	
A. Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Mailing Address PO Box 603253 City Sta Providence RI	te Zip Code 02906	Date of Receipt 04 01 2011 Transaction ID : 33138602 Amount of Each Receipt this Period
Self Physic Receipt For: Aggree Primary General Other (specify) ▼ Image: Constraint of the specify of the specific of the	pation cian egate Year-to-Date ▼ 500.00	
Bronx Medical Neuro Care Neuro	10591-5061	Date of Receipt 04 01 2011 Transaction ID : 33139501 Amount of Each Receipt this Period 100.00
Receipt For: Aggreen and the second sec	egate Year-to-Date ▼ 400.00	
C. Dr. Jeffrey A. Samuels Mailing Address 2541 NE 35th Street		Date of Receipt
Self Physi	33064-8156	Transaction ID : 33142181 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	600.00

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Mike Amery Α. Date of Receipt Mailing Address 20308 Trolley Crossing Ct. M M / 04 07 2011 City Zip Code State Transaction ID : 33153889 MD Montgomery Village 20886 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Legislative Counsel, Federal Affairs American Academy of Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rod Larson Date of Receipt Mailing Address 4418 Xerxes Ave S М 04 08 2011 City State Zip Code Transaction ID: 33159673 MN Minneapolis 55410 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation American Academy of Neurology Deputy Exec. Director, Center for Heal Receipt For: Aggregate Year-to-Date ▼ Primarv General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James F. Selwa Date of Receipt Mailing Address 2044 Valleyview Drive M = M D 2011 04 18 City State Zip Code Transaction ID: 33160285 MI Ann Arbor 48105 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Wayne State Univ. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology B	rainPAC	
Pacific Palisades C FEC ID number of contributing federal political committee. C Name of Employer Occ UCLA Dept. of Clinical Neurophysiology Phy	tate Zip Code CA 90272-4313 Cupation rsician gregate Year-to-Date ▼ 1250.00	Date of Receipt
Fort Wayne If FEC ID number of contributing federal political committee. Image: Committee commi		Date of Receipt 04 10 2011 Transaction ID : 33160295 Amount of Each Receipt this Period 1000.00
Houston T FEC ID number of contributing federal political committee. C Name of Employer Occ Baylor Medical School Phy	tate Zip Code TX 77005-2561 Cupation rsician gregate Year-to-Date ▼ 1000.00	Date of Receipt 04 10 2011 Transaction ID : 33160312 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		3250.00

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Kavita M. Grover Mailing Address 5222 Royal Vale Lane City Dearborn FEC ID number of contributing federal political committee. Name of Employer Henry Ford Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48126 C Occupation Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 300.00	Date of Receipt 04 10 2011 Transaction ID : 33160321 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Stanley Fahn Mailing Address 155 Edgars Ln City Hastings On Hudson FEC ID number of contributing federal political committee. Name of Employer Neurological Institute Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10706-1107 C Occupation Occupation Neurologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 10 2011 Transaction ID : 33160327 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Robyn G. Young Mailing Address 5 Sand Piper Place City Alameda FEC ID number of contributing federal political committee. Name of Employer Orange Coast Memorial Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code C Question Occupation Question Neurologist Question Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1550.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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\backslash	NAME OF COMMITTEE (In Full)															
	American Academy of Neurolo	gy BrainP	AC													
Α.	Full Name (Last, First, Middle Initial) Dr. David J. Walsh				Date o	f Re	eceipt									
	Mailing Address 1815 J Boulder Springs Drive	9			м м 04	/	10) / Y		у 011	Y					
	City	State	Zip Code			sact		3316033								
	Saint Louis	MO	63146					Receipt th		'eriod						
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	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11												
	Other (specify)		500.00	4												
в.	Full Name (Last, First, Middle Initial) Dr. Jonathan P. Hosey	•			Date o	f Re	eceipt									
C C F	Mailing Address 1503 Red Ln						04 10 _2011 _									
	City State Zip Code						Transaction ID : 33160339									
	Danville	PA	17821-8493		Amoun	t of	Each F	Receipt th	is F	'eriod						
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	Geisinger Medical Center	Physician														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]												
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. William J. Weiner				Date o	f Re	eceipt									
	Mailing Address 22 S Greene St # N4W46 University of Maryland Dept	of Neu			м м 04	/	10			D11	Y					
	City	State	Zip Code		Trans	sact	ion ID :	3316034	8							
	Baltimore	MD	21201-1544		Amoun	t of	Each F	Receipt th	is F	'eriod						
	FEC ID number of contributing federal political committee.	C					7	7	_	250	00]				
Name of Employer University of Maryland School of Medic		Occupation	1													
		Physician														
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	Primary General Other (specify)		250.00]												
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	y information copied from such Reports and for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)										
	American Academy of Neurolo	gy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Lisa M. Shulman				Date o	of R	eceipt				
	Mailing Address 110 S Paca St Fl 3				M N	1	/ D I	D / Y	Y	Y	Y
	Dept of Neurology, RM: 3-S-	27			04		10		2	011	
	City	State	Zip Code		Tran	sac	tion ID :	3316035	0		
	Baltimore	MD	21201-1642	_	Amour	nt of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					y	7		250	.00
	Name of Employer	Occupation	1								
	U of MD At Baltimore	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0		11							
	Other (specify)		250.00								
В.	Full Name (Last, First, Middle Initial) Dr. Bennett L. Lavenstein				Date o	of R	eceipt				
	Mailing Address 4210 Rosemary Street				04		11		Y 20) 11	Y
	City	State	Zip Code			sact		3316146		,,,,	
<u>C</u> r FE	Chevy Chase	MD	20815-5218					Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					,			500	.00
	Name of Employer	Occupation	1	_							
	Childrens National Med Ctr	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		500.00	4							
с.	Full Name (Last, First, Middle Initial) Dr. Susan M. Naselli				Date o	of R	eceipt				
	Mailing Address 8813 Fawn Ridge Dr.				0_4	1	12)11	Y
	City	State	Zip Code		Tran	sac	tion ID :	: 3316187	2	_	
	Fort Myers	FL	33912		Amour	nt of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	C					7	7		250	.00
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	Receipt For:	Physician Aggregate	Year-to-Date ▼								
	Primary General			11							
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPa	AC	
Full Name (Last, First, Middle Initial) A. Dr. Peter D. Donofrio Mailing Address 1708 Linden Avenue City State Nashville TN FEC ID number of contributing federal political committee. C Name of Employer Occupation Vanderbilt University Physician Receipt For: Aggregate Other (specify) ▼ Image: Committee	Zip Code 37212-5112 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Lisa M. DeAngelis Mailing Address 400 East 56th Street City State New York NY FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Memorial Sloan Kettering Cancer Center Physician Receipt For: Primary Other (specify) ▼ Aggregate	Zip Code 10022-4339 Year-to-Date ▼ 500.00	Date of Receipt 04 12 2011 Transaction ID : 33161876 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Walter J. Koroshetz Mailing Address 7808 Stable Way City State Potomac MD FEC ID number of contributing federal political committee. C Name of Employer Occupation Mass General Hospital,National Institu Neurologist Receipt For: Aggregate Other (specify) ▼ Other (specify) ▼		Date of Receipt 04 12 2011 Transaction ID : 33161889 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	••••••	1250.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
VA Medical Center	State Zip Code VA 22314-5709 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Children's National	State Zip Code C 92037 C Occupation Neurologist 4ggregate Year-to-Date ▼	Date of Receipt 04 12 2011 Transaction ID : 33161900 Amount of Each Receipt this Period 1000.00
Public Policy Fellow	State Zip Code MI 49306-8806 C Occupation Fellow Aggregate Year-to-Date ▼	Date of Receipt 04 12 2011 Transaction ID : 33161908 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		2000.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
1,5	State Zip Code NY 14534 C Occupation Neurologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 12 2011 Transaction ID : 33161910 Amount of Each Receipt this Period 500.00
Calf/ Dating al	State Zip Code TN 37918-9264 C C Occupation C Physician Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt 04 12 2011 Transaction ID : 33161919 Amount of Each Receipt this Period 500.00
	State Zip Code MA 01106 C Occupation Occupation Chief of Neurology 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

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\backslash	NAME OF COMMITTEE (In Full)													
	American Academy of Neurol	ogy BrainP	AC											
Α.	Full Name (Last, First, Middle Initial) Dr. John R. Wilson				Date o	f Re	eceipt							
	Mailing Address 675 W North Ave Ste 608				M M	/	D D	/ Y	Y	Y	Y			
	Neurology Clinical Neuroph	ysiology			04		12		20	011				
	City	State	Zip Code		Trans	sact	ion ID :	3316198	1					
	Melrose Park	IL	60160-1627	_	is F	3 Period								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer	Occupation	1	-										
	Self	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11										
	Other (specify)		1000.00	4										
в.	Full Name (Last, First, Middle Initial) Dr. Robin L. Brey	l			Date o	f Re	eceipt							
	Mailing Address 13618 Bluffcircle				м м 04	1	12	/ Y)11	Y			
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	San Antonio	ТХ	78216-1902					leceipt th		'eriod				
	FEC ID number of contributing federal political committee.	C				3000.00								
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	University Texas Health Science Center	neurologist												
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	Primary General	33 13 11		11.										
	Other (specify)		3000.00	4										
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Jonathan L. Carter	l			Date o	f Re	eceipt							
	Mailing Address 12270 No. 78th Place				м м 04	/	12)11	Y			
	City	State	Zip Code		Trans	sact	ion ID :	3316452	8					
	Scottsdale	AZ	85260		Amoun	t of	Each R	leceipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	C					7			250	.00			
	Name of Employer	Occupation	I											
	Mayo Clinic	Neurologist	t											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11										
	Other (specify)		250.00											
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FEC Schedule A (Form 3X) Rev. 02/2003

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	ny information copied from such Reports and for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full)											_
$ \rangle$	American Academy of Neurolo	gy BrainP	AC									
/	-											
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey L. Gross				Data a	4 D c	agint					
А.	Mailing Address 9 Coach Ln				Date o	_						
	Maining Address 9 Coach En				04		12			у 011	Y	
	City	State	Zip Code			sact		3316455				
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	federal political committee.	С					7	7	-	500.	.00	J,
	Name of Employer	Occupation	1									
	Associated Neurologists	Neurologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.00									
	Other (specify)		500.00									
	Full Name (Last, First, Middle Initial)											
в.	Dr. Michael A. Williams				Date o	f Re	eceipt					
	Mailing Address 1029 Pier Pointe Lndg				M	/	DD) / Y	Y	Y	Y	
					04		12		20	011		
	City	State	Zip Code					3316458				
	Baltimore	MD	21230-3975	_	Amoun	t of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	500.	00	
	Name of Employer	Occupation	1									
	LifeBridge Health Brain & Spine Instit	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		4500.00									
	Other (specify)		, 1500.00									
	Full Name (Last, First, Middle Initial)											
C.					Date o	f Re	eceipt					
	Mailing Address 510 Hidden Lake Court				м м	/	12) 11	Υ	
	City	State	Zip Code	\neg		sact		3316459		/11		
	Baton Rouge	LA	70810-4356					Receipt th		'eriod		
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		sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neur	blogy BrainPAC	
Full Name (Last, First, Middle Initial) A. Dr. Charles C. Flippen II Mailing Address 11319 Isleta Street City Los Angeles FEC ID number of contributing federal political committee. Name of Employer County of LA/ UCLA Descript Fare	State Zip Code CA 90049 C Occupation Neurologist	Date of Receipt 04 18 2011 Transaction ID : 33173223 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) B. Dr. Fang Feng Mailing Address 6194 Minosa Circle		Date of Receipt
City Tucker FEC ID number of contributing federal political committee.	State Zip Code GA 30084	Transaction ID : 33173237 Amount of Each Receipt this Period 500.00
Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) C. Dr. Allison Brashear Mailing Address 208 Hadley Ct		Date of Receipt
City Winston Salem FEC ID number of contributing federal political committee.	State Zip Code NC 27106-4489	04 14 2011 Transaction ID : 33173260 Amount of Each Receipt this Period 500.00
Name of Employer Wake Forest Receipt For: Primary General Other (specify)	Occupation Neurologist Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Page (option	l)	1250.00

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or for co	nmercial purposes, other than using the											
\ \	OF COMMITTEE (In Full)	D · -	10									
/	erican Academy of Neurology	y BrainP	AC									
	ame (Last, First, Middle Initial) Drly Avitzur				Date of	Re	ceipt					
Mailing	Address 815 Old Sleepy Hollow Rd Exte	ension			M = M	/	D D) / Y		Y	Y	
City		State	Zip Code	_	04 Trans		14	3318257		011	_	
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	ame (Last, First, Middle Initial)				Date of	- Re	ceint					
	g Address 6934 Rosewood Street			_	M M	/	DD	/ Y	Y	Y	Y	
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City		State	Zip Code					3318258				
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	rgh Neurology Ctr.	Physician										
Receip	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		3000.00									
	ame (Last, First, Middle Initial) Dara G. Jamieson				Date of	Re	ceipt					
Mailing	Address 428 E 72nd St Ofc 400				м м 04	/	18) / Y) 11	Y	
City		State	Zip Code		Trans	acti	ion ID :	3318258	9			
New Y	rork	NY	10021-4635		Amount	of	Each R	Receipt th	is P	eriod		
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Edwin Trevathan Mailing Address 3545 Lafayette Ave Ste 30 City Saint Louis FEC ID number of contributing federal political committee. Name of Employer St. Louis Children's Hospital Receipt For: Primary General Other (specify) ▼	0 State Zip Code MO 63104-1314 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Mark Mintz Mailing Address 20 Robin Lake Drive City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer The Center of Neurological Health Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08003 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 04 14 2011 Transaction ID : 33182619 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. Dr. Petre Udrea Mailing Address 1975 Miamisburg Centervi City Dayton FEC ID number of contributing federal political committee. Name of Employer Dayton Center for Neuro Disoders Receipt For: Primary General Other (specify) ▼	Ile Rd State Zip Code OH 45459-3811 C Occupation Physician Aggregate Year-to-Date ▼ 250.00 7	Date of Receipt 04 14 2011 Transaction ID : 33182625 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC	
Full Name (Last, First, Middle Initial) Dr. Stacy A. Rudnicki Mailing Address 236 Kingsrow Drive City State Little Rock AR FEC ID number of contributing federal political committee. Image: Committee		Date of Receipt O4 14 2011 Transaction ID : 33183269 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Richard D. Brower Mailing Address 712 Twin Hills Drive City State El Paso TX FEC ID number of contributing federal political committee. Image: Committee (Committee) Name of Employer Occupation Texas Tech University HSC Dept. of Neu Physician Receipt For: Other (specify) Other (specify) Image: Committee (Committee)	Zip Code 79912 on e Year-to-Date V 300.00	Date of Receipt 04 15 2011 Transaction ID : 33184269 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Kathy L. Gardner Mailing Address 4148 Windsor St City State Pittsburgh PA FEC ID number of contributing C federal political committee. Occupation Name of Employer Occupation Veterans Admin. Physician Receipt For: Aggregate Other (specify) ▼ Image: Control of the specify of the specific of		Date of Receipt 04 18 2011 Transaction ID : 33184270 Amount of Each Receipt this Period 500.00
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Any information copied from such Reports and or for commercial purposes, other than using t						pose o	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC							
Full Name (Last, First, Middle Initial) Dr. Marc Chamberlain Mailing Address 6308 18th Ave NE City Seattle FEC ID number of contributing federal political committee. Name of Employer Univeristy of Washington Receipt For: Primary General Other (specify) ▼	State WA C Occupation Physician Aggregate	Zip Code 98115 Year-to-Date ▼ 500.00			sact	15 ion ID	5 : 331842 8	his Period	
Full Name (Last, First, Middle Initial) B. Dr. Jeffrey J. Raizer Mailing Address 1506 Kittyhawk Lane				Date o M N 04	of Re	eceipt		y y 2011	Y
City Glenview	State IL	Zip Code 60226					: 3318428 Receipt th	38 his Period	
FEC ID number of contributing federal political committee. Name of Employer Northwestern University Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	C Occupation Physician Aggregate	Year-to-Date ▼ 500.00						500	.00
Full Name (Last, First, Middle Initial) C. Dr. David A. Konanc				Date c	of Re	eceipt			
Mailing Address 1540 Sunday Dr Ste 100				^M 04	/	D 15		2011	Y
City Raleigh	State NC	Zip Code 27607-6000	-				: 3318432		
FEC ID number of contributing federal political committee. Name of Employer Raleigh Neurology Associates, P.A. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician			Arnour				his Period	0.00
SUBTOTAL of Receipts This Page (optional).			•		-	7	- 7	1500	.00

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

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
				erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Neil A. Busis Mailing Address 6934 Rosewood Street			Date of Receipt								
	City Pittsburgh	State PA	Zip Code 15208-2639	Transaction ID : 33184339 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		2000.00								
	Name of Employer Pittsburgh Neurology Ctr. Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		5000.00									
в.	Full Name (Last, First, Middle Initial) Dr. William G. Preston			Date of Receipt								
	Mailing Address 232 Emerald Bay			04 15 2011								
	City	State	Zip Code	Transaction ID : 33184372								
	Laguna Beach	CA	92651-1267	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		1000.00								
	Name of Employer Saddleback Valley Neurosci. Med. Group	Occupation Physician	1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
с.	Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley			Date of Receipt								
	Mailing Address 55 Grace Church St.			04 / Y Y Y Y Y 2011								
	City Rye	State NY	Zip Code 10580	Transaction ID : 33184389 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		500.00								
	Name of Employer	Occupation	l									
	Columbia University	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
s	UBTOTAL of Receipts This Page (optional).		•	3500.00								

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		Detailed Summary Page		11a		11b	11c	12	-	_	
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Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and a	ay not be sold or used by any pendoress of any political committee	erson f e to so	or the licit co	purp ntribu	ose of utions fi	soliciting) contrib	utior ittee	าร	
NAME OF COMMITTEE (In Full)											
American Academy of Neu	irology BrainP	AC									
Full Name (Last, First, Middle Initial) A. Dr. Aaron E. Miller				Date of	f Rec	ceipt					
Mailing Address 55 E 86th St Apt 7B				м – м 04	/	15	/ Y	2011	Y	1	
City	State	Zip Code		Trans	actio	on ID :	3318496			<u> </u>	
New York	NY	10028-1059	/	d							
FEC ID number of contributing federal political committee.	C					y		100	00.00)	
Name of Employer	Occupation	1	-								
Mount Sinai School of Medicine	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11								
Other (specify)		1000.00									
Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen				Date of	f Rec	reint					
Mailing Address 3141 Neille Lane			- '				/ V	vv	v		
Maining Mariess 3141 Nellie Laite				04	<i>'</i>	18	/ 1	_2011	- 1		
City	State	Zip Code		Trans	actic		3318695			1	
Twinsburg	OH	44087	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C							15	0.00)	
Name of Employer	Occupation	1	_								
Children's Hospital and Med. Center of	Physician										
Receipt For:		Year-to-Date ▼									
Primary General	, iggi oguto										
Other (specify) ▼		600.00									
Full Name (Last, First, Middle Initial) C. Dr. Glen R. Finney				Date of	f Rec	ceipt					
Mailing Address 9235 NW 26th Avenue	9			м м 04	/	D D 18	/ Y	2011	Y	1	
City	State	Zip Code		Trans	actio		3318696		_		
Gainesville	FL	32606-9180		Amount	t of E	Each R	eceipt th	nis Perio	d		
FEC ID number of contributing federal political committee.	C					,	7	8	39.00)	
Name of Employer	Occupation		\neg								
Univ. of FL Dept. of Neurology	Behavioral	Neurology									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General											
Other (specify)		708.00									
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SUBTOTAL of Receipts This Page (option	onal)	•				7	7	123	9.00		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Academy of Neurology BrainF	PAC	
Primary General Other (specify) ▼	Zip Code 77005-2613 n • Year-to-Date ▼ 340.00	Date of Receipt 04 18 2011 Transaction ID : 33186965 Amount of Each Receipt this Period 85.00
Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry Mailing Address 300 E 33rd St Apt 16M City State New York NY FEC ID number of contributing federal political committee. Occupation Physician Name of Employer Occupation Physician Receipt For: Aggregate Other (specify) ▼ Image: Control of the state	Zip Code 10016-9419 n • Year-to-Date ▼ 400.00	Date of Receipt 04 18 2011 Transaction ID : 33186967 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) C. Dr. Elizabeth Minto Mailing Address 553 N. Mobile Street City State Fairhope AL FEC ID number of contributing C federal political committee. Occupation Name of Employer Occupation Neurology: Child and Adult, P.C. Physician Receipt For: Aggregate Other (specify) ▼ Image: Control of the specify of the specific spec	Zip Code 36532 n e Year-to-Date ▼ 400.00	Date of Receipt 04 18 2011 Transaction ID : 33186971 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		385.00

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		Detailed Summary Page		11a		11b	11c	12						
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NAME OF COMMITTEE (In Full)														
ight angle American Academy of Neur	ology BrainP	AC												
Full Name (Last, First, Middle Initial) A. Dr. Thomas Swanson				Date o	f Re	ceipt								
Mailing Address 5748 Prospect Dr				M M	/	D D	/ Y	Y Y	Y					
Address 3				04		18		2011	_					
City	State	Zip Code		Trans	sacti	on ID : 3	33187079	э						
Missoula	MT	59808-8608	/	Amoun	t of	Each Re	eceipt thi	s Period	Ł					
FEC ID number of contributing federal political committee.	С					7	,	250	0.00					
Name of Employer	Occupation	1												
Self	Physician													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		500.00	1											
Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Potts				Date o	f Re	ceipt								
Mailing Address 136 Covey Chase				M M		DD	/ Y	Y Y	Y					
				04		21		2011						
City	State	Zip Code		Trans	sacti	on ID : 3	3215612	2						
Tuscaloosa	AL	35406-1801		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		100.00											
Name of Employer	Occupation	1	_											
AL Neurology and Sleep Medicine, P.C.	Physician													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		400.00	4											
Full Name (Last, First, Middle Initial) C. Dr. Maureen A. Callaghan	·			Date o	f Re	ceipt								
Mailing Address PO Box 6059 1617 Sylvester St SW				м м 04	/	D D 21	/ Y	2011	Y					
City	State	Zip Code		Trans	sacti	ion ID : 3	3321581	6						
Olympia	WA	98501-2228		Amoun	t of	Each Re	eceipt thi	s Period	Ł					
FEC ID number of contributing federal political committee.	С					9	,	37	5.00					
Name of Employer	Occupation	1	\neg											
Madigan Army Medical Center / Self	Physician													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33 234													
Other (specify)		375.00												
				-	-			707	. 00					
SUBTOTAL of Receipts This Page (option	al)				-	,		725	5.00					

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John G. Nutt Α. Date of Receipt Mailing Address 3181 SW Sam Jackson Park Rd M M / Department of Neurology OP-32 04 2011 22 City Zip Code State Transaction ID: 33218229 OR Portland 97239-3011 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Oregon Health Sci University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael Gruenthal Date of Receipt Mailing Address 47 New Scotland Ave Neurology Dept MC70 04 26 2011 City State Zip Code Transaction ID: 33222596 NY Albany 12208-3479 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Albany Medical College Neurologist Receipt For: Aggregate Year-to-Date ▼ Primarv General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Wesley A. Carr Date of Receipt Mailing Address 1031 McClellan Road M = M 04 26 2011 City Zip Code State Transaction ID: 33223690 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Neuroscience Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. Christopher Prusinski Mailing Address 119 Lansing Island City	State	Zip Code	Date of Receipt 04 26 2011 Transaction ID : 33223693
Indian Harbour Beach FEC ID number of contributing federal political committee.	FL	32937	Amount of Each Receipt this Period
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Michael C. Graeber Mailing Address 971 Lakeland Dr Ste 560			Date of Receipt
City Jackson FEC ID number of contributing federal political committee.	State MS	Zip Code 39216-4607	04 27 2011 Transaction ID : 33230968 Amount of Each Receipt this Period 750.00 750.00
Name of Employer Muscle & Nerve, PA Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. Dr. Todd J. Janus			Date of Receipt
Mailing Address 4008 Muskogee Avenue	State	Zip Code	04 28 2011 Transaction ID : 33234012
FEC ID number of contributing federal political committee.	IA C	50312-4627	Amount of Each Receipt this Period
Name of Employer Iowa Health Physicians Receipt For:	Occupation Neurologist		_
Primary General Other (specify) ▼	, iggi egale	400.00	
SUBTOTAL of Receipts This Page (optional)		•	1850.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd	State	Zip Code	Date of Receipt
	Union FEC ID number of contributing federal political committee.	ME	04862-4628	Amount of Each Receipt this Period
	Name of Employer Penobscot Bay Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 400.00]
В.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor Mailing Address 1 Charles St S Unit 5D			Date of Receipt
	City Boston FEC ID number of contributing	State MA	Zip Code 02116-5449	04 28 2011 Transaction ID : 33234026 Amount of Each Receipt this Period 118.00
	federal political committee. Name of Employer Virginia Mason Medical Center	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 236.00]
С.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley Mailing Address 2890 Burlington St			Date of Receipt
	City Ann Arbor	State MI	Zip Code 48105-1435	04 28 2011 Transaction ID : 33234039 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		156.00
	Name of Employer Henry Ford Hospital Receipt For: Primary General Other (specify)	Occupation Neurologist Aggregate]
s	UBTOTAL of Receipts This Page (optional)			374.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) American Academy of Neurology E	BrainPAC	
Washington FEC ID number of contributing federal political committee. Name of Employer O Washington Hospital Center Network	State Zip Code DC 20010-2962 C C ccupation eurologist ggregate Year-to-Date ▼ 500.00	Date of Receipt
Apple Valley FEC ID number of contributing federal political committee. Name of Employer High Desert Neuro-Diagnostic Med. Grp. Pr Proprint For:	State Zip Code CA 92307-5005 C ccupation nysician ggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 28 2011 Transaction ID : 33238904 Amount of Each Receipt this Period 1000.00
Peoria FEC ID number of contributing federal political committee. Name of Employer O SIU School of Medicine Placeint Form	State Zip Code IL 61615 C ccupation hysician ggregate Year-to-Date ▼ 500.00	Date of Receipt 04 28 2011 Transaction ID : 33239279 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	2000.00

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	ny information copied from such Reports and for commercial purposes, other than using the															
\setminus	NAME OF COMMITTEE (In Full)															
	American Academy of Neurolo	ogy BrainP	AC													
Α.	Full Name (Last, First, Middle Initial) Dr. Leo R. Germin				Date c	of Re	eceipt									
	Mailing Address 1691 W Horizon Ridge Pkwy	/			05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
	City	State	Zip Code		Tran	sact	tion ID :	3325001								
	Henderson	NV	89012-3494		Amour	nt of	Each F	Receipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					7		_	250.	00					
	Name of Employer	Occupation	l													
	Clinical Neurology Specialists	Neurologist														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		250.00	41.												
В.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	1			Date c	of Re	eceipt									
	Mailing Address 9235 NW 26th Avenue				05	/	02)) 11	Y					
	City	State	Zip Code		Trans	sact	ion ID :	3325002								
	Gainesville	FL	32606-9180		Amour	nt of	Each F	Receipt th	is F	'eriod						
	FEC ID number of contributing federal political committee.	С					y .		_	89.0	00					
	Name of Employer	Occupation	1													
	Univ. of FL Dept. of Neurology	Behavioral	Neurology													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 797.00]												
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass	1			Date c	of Re	eceipt									
	Mailing Address 4929 Valerie				05	1	02			D11	Y					
	City	State	Zip Code		Tran	sac	tion ID :	3325002	29							
	Bellaire	TX	77401-5707		Amour	nt of	Each F	Receipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					5		_	50.	00					
	Name of Employer	Occupation	l													
	Baylor College of Medicine	Physician														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		250.00													
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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Lyzette E. Velazquez Α. Date of Receipt Mailing Address 29 Glen Hill Ln M M / 05 02 2011 City Zip Code State Transaction ID: 33250032 NY Tarrytown 10591-5061 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Name of Employer Occupation Bronx Medical Neuro Care Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Niranjan N. Jani Date of Receipt Mailing Address Hawthorne Office Park М 10810 Hickory Ridge Road 05 02 2011 City Zip Code State Transaction ID: 33255926 MD Columbia 21044-3622 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer Occupation Georgetown & Maryland State Universiti Physician Receipt For: Aggregate Year-to-Date ▼ Primarv General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Bernard M. Weintraub Date of Receipt Mailing Address Po Box 608 M = M / D 02 05 2011 City Zip Code State Transaction ID: 33261278 NJ Flanders 07836-0608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Neurologic Arts Association Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional).....

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Ar	ny information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	erson	-	pur	14 pose of	15 soliciting		16 ntribut	17 ions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit co	ntrib	outions	from suc	h cor	mmitte	ee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_ · _									
	American Academy of Neurolog	ly BrainP	AC								
•	Full Name (Last, First, Middle Initial) Dr. Richard L. Pantera Jr.				Date o	f Da	agint				
Α.	Mailing Address 623 W Willow Ave			-		_				Y	V
					05		04			011	Ť
	City	State	Zip Code		Trans	sact	ion ID :	3328409			
	Visalia	CA	93291-6101	_	Amoun	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	1000.	.00
	Name of Employer	Occupation		-							
	Self	Physician									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		1000.00								
			1 1								
	Full Name (Last, First, Middle Initial)										
В.	Dr. Nilay R. Shah			_	Date o	f Re	eceipt				
	Mailing Address 160 W 66th St Apt 22J				05	/				Y I	Y
	City	State	Zip Code			acti	06 • OL ID	3328551	20′ 11	<u></u>	
	New York	NY	10023-6558					Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					, .	7	-	2999.	00
	Name of Employer	Occupation									
	Self	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		2999.00								
			, , ,								
с.	Full Name (Last, First, Middle Initial) Dr. Robert C. Griggs				Date o	f Re	eceipt				
	Mailing Address 901 East Ave Apt A				05	/	09		20) 11	Y
	City	State NY	Zip Code					3329194			
	Rochester	INT	14607-2271	_	Amoun	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Ľ		,		_	500	.00
	Name of Employer	Occupation									
	Univ of Rochester Sch of Med	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
			A) () (*)								
s	UBTOTAL of Receipts This Page (optional)		····· •				,	- 7	_	4499.	00

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Any information copied from such Reports or for commercial purposes, other than us															
NAME OF COMMITTEE (In Full)															
American Academy of Neu	rology BrainP	AC													
Full Name (Last, First, Middle Initial) A. Dr. J Michael Powers				Date of	f Rece	eipt									
Mailing Address 7510 N 1st St			05 11 2011 Transaction ID : 33295358												
City	State	Zip Code		Trans	actio	n ID :	3329535	8							
Phoenix	AZ	85020-4001		Amount	t of E	ach R	eceipt thi	is P	eriod						
FEC ID number of contributing federal political committee.	С				,			_	250.						
Name of Employer	Occupation														
Affiliated Neurologists Ltd Receipt For:	Physician		_												
Primary General	Aggregate	Year-to-Date ▼	_												
Other (specify)		250.00													
Full Name (Last, First, Middle Initial) B. Dr. Mark S. Yerby	·			Date of	f Rece	eipt									
Mailing Address 1233 SW 57th Avenue				05	/	D D	/ Y	20)11	Y					
City	State	Zip Code		Trans	actio		33301122		_						
Portland	OR	97221-2507					eceipt thi		eriod						
FEC ID number of contributing federal political committee.	С							_	500.	00					
Name of Employer	Occupation														
North Pacific Epilepsy Research	Physician														
Receipt For:		Year-to-Date ▼													
Primary General	, iggi egute		11.												
Other (specify)		1000.00													
Full Name (Last, First, Middle Initial) C. Dr. Michael Hutchinson				Date of	f Rece	eipt									
Mailing Address 530 1st Ave # 5A				05	/	D D 13	/ Y)11	Y					
City	State	Zip Code		Trans	sactio	n ID :	3330537	3		_					
New York	NY	10016-6402		Amount	t of E	ach R	eceipt thi	is P	eriod						
FEC ID number of contributing federal political committee.	С				,			_	1000	.00					
Name of Employer	Occupation		\neg												
Langone Med. Center	Physician														
Receipt For:		Year-to-Date ▼													
Primary General	99. 09410														
Other (specify)		1000.00													
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		X 11a 11b 11c 12 13 14 15 16 17	
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neu	rology BrainP	AC	
A. Full Name (Last, First, Middle Initial) Dr. William S. Gilmer Mailing Address 2323 Dunstan Rd City Houston FEC ID number of contributing federal political committee. Name of Employer Self	State TX C Occupation Physician	Zip Code 77005-2613	Date of Receipt 05 16 2011 Transaction ID : 33305689 Amount of Each Receipt this Period 85.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 425.00]
B. Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry Mailing Address 300 E 33rd St Apt 16M			Date of Receipt
City New York FEC ID number of contributing federal political committee.	State NY	Zip Code 10016-9419	Transaction ID : 33306213 Amount of Each Receipt this Period 200.00
Name of Employer NYU School of Medicine Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) C. Dr. Alexander Krob Mailing Address 2121 NE 139th St Suite 400 Suite 400 City Vancouver FEC ID number of contributing federal political committee. Name of Employer Dept of Neurology Unc Hospitals Receipt For: Primary General Other (specify)	State WA C Occupation Physician Aggregate	Zip Code 98686-2742 Year-to-Date ▼ 222.00	Date of Receipt
SUBTOTAL of Receipts This Page (optio	nal)		396.00

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

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts Mailing Address 136 Covey Chase			Date of Receipt 05 16 2011
	City Tuscaloosa	State AL	Zip Code 35406-1801	Transaction ID : 33307019 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer AL Neurology and Sleep Medicine, P.C. Receipt For:	Occupation Physician		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi			Date of Receipt
	Mailing Address 2741 Belgrave Rd			05 16 _2011 _
	City	State	Zip Code	Transaction ID : 33307021
	Pepper Pike	OH	44124-4601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	l	-
	Parma Neurology	Neurologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
с.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor			Date of Receipt
	Mailing Address 1 Charles St S Unit 5D			05 16 Y Y Y Y Y 05 16 2011
	City Boston	State MA	Zip Code 02116-5449	Transaction ID : 33307025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		118.00
	Name of Employer	Occupation	1	—
	Virginia Mason Medical Center	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.00]
s	UBTOTAL of Receipts This Page (optional).			318.00

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and States or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) American Academy of Neurology E	BrainPAC	
Fairfield FEC ID number of contributing federal political committee. Name of Employer Output Associated Neurologists of So. Ct. Pr Proprint For: Pr	State Zip Code CT 06825-1867 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Twinsburg FEC ID number of contributing federal political committee. Name of Employer Or Children's Hospital and Med. Center of Phenometry Present Enr.	State Zip Code OH 44087 C Compation ysician ggregate Year-to-Date ▼ 750.00	Date of Receipt
Highland Park FEC ID number of contributing federal political committee. Name of Employer Rush Univ. Med. Ctr. Present Form	State Zip Code IL 60035-5121 C Coupation hysician ggregate Year-to-Date ▼ 222.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	>	361.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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\mathbb{N}	NAME OF COMMITTEE (In Full)														
	American Academy of Neurolo	gy BrainP	AC												
Α.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor				D	ate of	Rec	eipt							
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	Boston	MA	02116-5449	F					3337354						
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	federal political committee.	С			l		7		7	118	8.00				
	Name of Employer	Occupation													
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B	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus				П	ate of	Rec	aint							
υ.	Mailing Address 4008 Muskogee Avenue			\neg		M = M	1100			Y Y	V				
	Maining Rearoos 4008 Muskogee Avenue					05	/	27	, , , ,	2011					
	City	State	Zip Code		17		actio		33373594						
	Des Moines	IA	50312-4627						Receipt th						
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	Iowa Health Physicians	Neurologist													
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	Primary General			L.											
	Other (specify)		500.00												
с.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee				D	ate of	Bec	eint							
0.	Mailing Address 1199 Sennebec Rd					M M	/	DE) / Y	YY	Y				
	City	State	Zip Code	-	5	05 Trans	20410	27 • סו מי	3337361	2011 2					
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	Penobscot Bay Medical Center	Physician													
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NAME OF COMMITTEE (In Full) American Academy of Neul	-													
Full Name (Last, First, Middle Initial) A. Dr. Carolyn L. Taylor Mailing Address 11 Bellwether Way Suite 210 City Bellingham FEC ID number of contributing federal political committee.	State WA	Zip Code 98229-2574	Date of Receipt											
Name of Employer Northwest Neurology Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 300.00]											
B. Full Name (Last, First, Middle Initial) Mailing Address 9235 NW 26th Avenue				Date of	f Re	ceipt 31		2011	Y					
City Gainesville FEC ID number of contributing federal political committee.	State FL	Zip Code 32606-9180	_	Trans		on ID :	: 3337579 Receipt th	6 his Period	.00					
Name of Employer Univ. of FL Dept. of Neurology Receipt For:	Occupation Behavioral N Aggregate	leurology Year-to-Date ▼ 886.00												
Full Name (Last, First, Middle Initial) C. Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenue City Gainesville FEC ID number of contributing federal political committee. Name of Employer Univ. of FL Dept. of Neurology Receipt For: Primary General Other (specify) ▼	State FL C Occupation Behavioral I Aggregate	Zip Code 32606-9180 Neurology Year-to-Date ▼ 975.00			/ sacti	01 on ID		nis Period						
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	OF COMMITTEE (In Full)											
	erican Academy of Neurolo	gy BrainP	AC									
/	-											
	ame (Last, First, Middle Initial) Ioseph S. Kass				Data	of E	Receipt					
	g Address 4929 Valerie			\neg		M				Y	M	
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Full Na	ame (Last, First, Middle Initial)											
	Alan G. Stein				Date	of F	Receipt					
Mailing	Address 1301 Punchbowl St				М	М	/ D	D / Y	Y	Y	Y	
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	ame (Last, First, Middle Initial) Lyzette E. Velazquez	I			Date	of F	Receipt					
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City Tarryt	own	State NY	Zip Code 10591-5061	-): 3337820				
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	Medical Neuro Care	Neurologist										
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full) American Academy of Neurology Bra	inPAC	
A. Dr. Elaine C. Jones Mailing Address PO Box 603253 City Stat Providence RI FEC ID number of contributing federal political committee. Name of Employer Occup Self Physic	02906 Dation	Date of Receipt
Lyndhurst OH FEC ID number of contributing federal political committee. Name of Employer Case Western Res University Physic Physic Case Case Case Case Case Case Case Case	44124 Dation	Date of Receipt
Lawrence MA FEC ID number of contributing federal political committee. I Name of Employer Occup Physic Tufts University School of Medicine Physic	01841-2838	Date of Receipt
Detailed Summary Page 11a 11b 11c 12 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. D.: Elaine C. Jones Mailing Address PO Box 603253 City Providence Providence Rid Dumber of contributing federal political committee. Occupation Name of Employer Self Providence Rid Dumber of contributing federal political committee. Other (specify) ▼ Pull Name (Last, First, Middle Initial) B. Dr. Robert L. Ruff Mailing Address 336 Flohmend Road City State Zip Code Primary General Other (specify) ▼ Cocupation Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code Primary General		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Edward F. Good Mailing Address 3229 Preston Hollow Rd	Edward F. Good										
	City Fort Worth	State TX	Zip Code 76109-2052	06 13 2011 Transaction ID : 33447001 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer Self Receipt For: Primary General	Occupation Neurologist Aggregate										
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	250.00	1								
В.	Dr. Elliott G. Gross Mailing Address 65 Horseshoe Hill Rd	Date of Receipt										
	City Pound Ridge	State NY	Zip Code 10576-1636	Transaction ID : 33447005 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		500.00								
	Name of Employer Self	Occupation Neurologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
с.	Full Name (Last, First, Middle Initial) Dr. Joel M. Dean			Date of Receipt								
	Mailing Address 1060 Orchard Ave Unit G			06 13 2011								
	City Grand Junction	State CO	Zip Code 81501-2997	Transaction ID : 33447014 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer	Occupation										
	Community Health Providers Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 250.00]								
s	UBTOTAL of Receipts This Page (optional)			1000.00								

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

FEC Schedule A (Form 3X) Rev. 02/2003

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		Detailed Summary Page		X 11a	11b	11c		12											
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NAME OF COMMITTEE (In Full)																			
American Academy of Neurolo	gy BrainP	AC																	
Full Name (Last, First, Middle Initial) A. Dr. Sajjan K. Nemani				Date of	Receipt														
Mailing Address 1054 M L King Dr Ste 124				м м 06		D / Y		011	Y										
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Centralia	IL	62801-3065				Receipt th		Period											
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Full Name (Last, First, Middle Initial) B. Dr. Gary L. Stanton				Date of	Receipt														
Mailing Address 131 Old Road To 9 Acre Cor	Mailing Address 131 Old Road To 9 Acre Cor Ste 600							06 14 2011											
City	State	Zip Code				: 3344775		_											
Concord	MA	01742-4191		Amount		Period													
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Emerson Hospital	Neurologist																		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]																
Full Name (Last, First, Middle Initial) C. Dr. Jennifer J. Majersik	1			Date of	Receipt														
Mailing Address 1746 Yalecrest Ave				06	/ D	D / Y)11	Y										
City	State	Zip Code) : 3344950		///											
Salt Lake City	UT	84108				Receipt th		Period											
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University of Utah	Neurologis	t																	
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X 11a 11b 11c 12 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Α. Date of Receipt Mailing Address 3141 Neille Lane M M / 2011 06 15 City Zip Code State Transaction ID : 33453316 OH Twinsburg 44087 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Name of Employer Occupation Children's Hospital and Med. Center of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue М M 06 15 2011 City State Zip Code Transaction ID: 33453321 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing С 89.00 federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology **Behavioral Neurology** Receipt For: Aggregate Year-to-Date ▼ Primarv General 1064.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. James M. Gilchrist Date of Receipt Mailing Address 586 Old Westport Rd M = M / D 06 15 2011 City Zip Code State Transaction ID: 33453325 MA North Dartmouth 02747-2383 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation **Neurology Foundation** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 364.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Neurology I	BrainPAC	
Name of Employer O Self Pl	State Zip Code TX 77005-2613 C C ccupation hysician ggregate Year-to-Date ▼ 510.00	Date of Receipt
Name of Employer O University of Rochester Pł	State Zip Code NY 14618 C C ccupation hysician ggregate Year-to-Date ▼ 500.00	Date of Receipt
Name of Employer O Dept of Neurology Unc Hospitals P	State Zip Code WA 98686-2742 C C ccupation hysician ggregate Year-to-Date ▼ 333.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		446.00

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Mailing Address 806 Timber Hill Road City Highland Park FEC ID number of contributing federal political committee. Name of Employer Rush Univ. Med. Ctr. Receipt For: Primary General Other (specify)	State IL Occupation Physician Aggregate	Zip Code 60035-5121 Year-to-Date ▼ 333.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Dariush Saghafi Mailing Address 2741 Belgrave Rd City Pepper Pike FEC ID number of contributing federal political committee. Name of Employer Parma Neurology Receipt For: Primary General Other (specify)	State OH C Occupation Neurologist Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner Mailing Address 7994 Everglades Drive City Manlius FEC ID number of contributing federal political committee. Name of Employer SUNY Upstate Medical University Receipt For: Primary General Other (specify) ▼	State NY C Occupation Physician Aggregate	Zip Code 13104-8501 Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	al)		461.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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			Detailed Summary			11a		11b	11c		12		
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
	American Academy of Neurology	y BrainP	AC										
Α.	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor				1	Date o	f Re	eceipt					
	Mailing Address 1 Charles St S Unit 5D					M M		D . [) / Y	Y	Y	Y	
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	Virginia Mason Medical Center	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		7 7	590.00									
	Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar					Date o	f Re	eceipt					
	Mailing Address 127 Brookview Ave					м м 06	/	15) / Y	Y 20)11	Y	
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	Associated Neurologists of So. Ct.	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, , , , , , , , , ,	400.00									
C.	Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts					Date o	f Re	eceipt					
	Mailing Address 136 Covey Chase					M M	/	15) / Y)11	Y	
	City	State	Zip Code			Trans	sact		3345413				
	Tuscaloosa	AL	35406-1801		_ /	Amoun	t of	Each F	leceipt th	is P	'eriod		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC										
Α.	Full Name (Last, First, Middle Initial) Dr. William J. Hamilton Mailing Address 3910 McGregor Ct	Dr. William J. Hamilton											
	City Mobile	State AL	Zip Code 36608-1809	Transaction ID : 33484981 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer	Occupation											
	Volunteer	Retired											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
			A										
в.	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee			Date of Receipt									
	Mailing Address 1199 Sennebec Rd	06 28 2011											
	City	State	Zip Code	Transaction ID : 33485229									
	Union	ME	04862-4628	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer Penobscot Bay Medical Center	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
с.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus			Date of Receipt									
	Mailing Address 4008 Muskogee Avenue			06 / Y Y Y Y 28 2011									
	City Des Moines	State IA	Zip Code	Transaction ID : 33485243									
	Des Moines	IA	50312-4627	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer	Occupation											
	Iowa Health Physicians	Neurologist											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00										
s	UBTOTAL of Receipts This Page (optional)			450.00									

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Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11 14	1b 4	11c		12 16	17							
	ny information copied from such Reports and St for commercial purposes, other than using the								solicitir		ntribu	tions							
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC																
Α.	Full Name (Last, First, Middle Initial) Mr. Bryan Soronson Mailing Address 10 Leicester Ct				Date M 04	М	lece	ipt 21			011	Y							
	City Owings Mills	State MD	Zip Code 21117-1264						342755										
	FEC ID number of contributing federal political committee.	С			Amou	nt o	i Ea		eceipt 1	nis P		.00							
	Name of Employer Univ. MD Dept. Neurology Receipt For: Primary General Other (specify) ▼	Occupation Administrate	or Year-to-Date ▼ 100.00	F	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00														
В.	Full Name (Last, First, Middle Initial) Mailing Address							Date of Receipt											
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	FEC ID number of contributing federal political committee.	С					7												
	Name of Employer Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼																
c.	Full Name (Last, First, Middle Initial)				Date	of R	lece	eipt											
	Mailing Address				М	М	/	D D	1	Y Y	Y	Y							
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	Name of Employer	Occupation																	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		•														
$ \rangle$	American Academy of Neurology E	BrainPA	C														
<u> </u>	Full Name (Last, First, Middle Initial)		Data	(D:													
А.	America's New Majority						Date of Disbursement										
	Mailing Address 228 S. Washington Street Suite 115																
	City Alexandria	State VA	Zip Code 22314				Trans	acti	ion ID	: 327961	52						
	Purpose of Disbursement																
	Leadership PAC Candidate Name			<u></u>)11		Amoun	t of	Each	Disburse	ment	this F	Period				
					egory ype	y/			,			2500	.00				
	Office Sought: House Disburser Senate President	General cify) ▼				Leaders	ship	PAC									
	State: District:																
В.	Full Name (Last, First, Middle Initial) Mccollum For Congress						Date o	f Dis	sburse	ement							
	Mailing Address P.O. Box 14131								01 / D D / Y Y Y Y 01 20 2011								
	St. Paul	State MN	Zip Code 55114				Transaction ID : 32890060										
	Purpose of Disbursement Campaign Contribution			C	011		Amount of Each Disbursement this Period										
	Candidate Name Rep. Betty McCollum				egory	y/	1000.00 Campaign Contribution										
	Office Sought: X House Disburser	ment For: Primary Other (spe	General		уре												
	State: MN District: 04																
C.	Full Name (Last, First, Middle Initial) Vine PAC						Date o										
	Mailing Address 236 Massachusetts Avenue, NE Suite 603						м м 01	/	2	6		011	Y				
	Washington	State DC	Zip Code 20002				Trans	sact	ion ID	: 329013	828						
	Purpose of Disbursement Leadership PAC			0)11		A		F aab	Dieleuwee		this F) e vi e el				
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\square	NAME OF COMMITTEE (In Full)												
	American Academy of Neurology E	BrainPAC	2										
~	Full Name (Last, First, Middle Initial)						Data	(D:					
А.	Michael Burgess For Congress						Date o	t Dis		_		YY	
	Mailing Address PO Box 2334						02	/	1	4 /		2011	T
	City	State	Zip Code				Tropo		on ID	. 2206	0207		
	Denton	ТХ	76202				Trans	acti	on ID	: 3296	0201		
	Purpose of Disbursement Campaign Contribution			0	11		Amoun	t of	Each	Disbur	semer	nt this	Period
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	Rep. Michael C. Burgess M.D.			Ty	ype			-	7		7	1000	5.00
	Senate X President	nent For: 2 Primary Other (spec	General				Campai	ign (Contrib	oution			
	State: TX District: 26												
В.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress						Date o	f Dis					
	Mailing Address PO Box 12667						02	/		5		2011	Y
	Bakersfield	State CA	Zip Code 93389				Trans	sacti	on ID	: 3296	9175		
	Purpose of Disbursement Campaign Contribution			C)11		Amoun	t of	Each	Disbur	semer	nt this	Period
	Candidate Name			Cate	aor	rv/	1						
	Rep. Kevin McCarthy				ype	<i>y</i> ,			7		7	100	0.00
	Š A	nent For: 2 Primary Other (spec	2012 ☐ General ify) ▼				Campa	ign (Contrik	oution			
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0.	National Republican Senatorial Co	mmillee					M M			D /	Y	Y Y	Y
	Mailing Address Ronald Reagan Republican Center 425 2nd Street NE						02		2	_		2011	
	Washington	State DC	Zip Code 2000				Trans	sacti	on ID	: 3300	6510		
	Purpose of Disbursement National Party Contribution												
	Candidate Name			Cate		ry/	Amoun	t of	Each	Disbur	semer	nt this 5000	
	Office Sought: House Disburser	nent For:			ype			-	7		7		
	Senate President	Primary Other (spec	General cify) ▼				Nationa	l Pa	rty Co	ntributi	on		
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S	HEDULE B (FEC Form 3X)			F)B		NUMBER	<u>م</u> .		P	AGE	74 C	F 93
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	y information copied from such Reports and State for commercial purposes, other than using the na												
$\left \right $	NAME OF COMMITTEE (In Full)												
	American Academy of Neurology	BrainPA	AC .										
	Full Name (Last, First, Middle Initial)						_						
Α.	Heller For Congress						Date		sburse		Y Y	Y	Y
	Mailing Address PO Box 531086						03			2		011	
	City	State	Zip Code				Trar	sact	ion ID	: 33015	631		
	Henderson Purpose of Disbursement	NV	89053										
	Campaign Contribution			C)11		Amou	nt of	Each	Disburs	emen	t this F	eriod
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	Rep. Dean Heller				ype				7		_	1000	00
	Senate X President	ement For: Primary Other (sp	General				Camp	aign	Contril	oution			
	State: NV District: 02												
В.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus						Date	of Di	sburse	ement			
	Mailing Address PO Box 661						03		C)2		011	Y
	City Collinsville	State IL	Zip Code 62234				Trai	nsact	ion ID	: 33015	633		
	Purpose of Disbursement Campaign Contribution Candidate Name			(011		Amou	nt of	Each	Disburs	emen	t this F	eriod
	Rep. John M. Shimkus			Cate		ry/						1000	.00
		ement For:	2012	I.	ype				7				
		Primary Other (sp	General				Camp	aign	Contri	bution			
_	Full Name (Last, First, Middle Initial)												
C.	Pallone For Congress								sburse				
	Mailing Address PO Box 3176						03		0	2		011	Ť
	City Long Branch	State NJ	Zip Code 07740				Trar	nsact	ion ID	: 33015	634		
	Purpose of Disbursement Campaign Contribution												
	Candidate Name)11	_	Amou	nt of	Each	Disburs	emen	t this F	eriod
	Rep. Frank Pallone Jr.			Cate	egoi ype							1000	00
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar												
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	American Academy of Neurology E	BrainPA	C										
~	Full Name (Last, First, Middle Initial)						Data	(D:					
А.	Gingrey For Congress, Inc.						Date o	_	sburse		V	Y	V
	Mailing Address PO Box U						03	Í		3		011	1
	5	State	Zip Code				Trans	sacti	ion ID	: 330269	947		
	Marietta Purpose of Disbursement	GA	30060										
	Campaign Contribution			0)11		Amoun	t of	Each	Disburse	ement	t this I	Period
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	Rep. Phil Gingrey M.D.				ype	. , .			7	7		1000	.00
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В.	Full Name (Last, First, Middle Initial) National Republican Congressiona	al Comr	nittee				Date o	_					
	Mailing Address 320 First Street SE						03		DC)3		011	Ŷ
	Washington	State DC	Zip Code 20002				Trans	sact	ion ID	: 33026	950		
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	Candidate Name			la de la compañía de		_	Amoun		Each	DISDUISE	mem	i uns r	enou
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C.	Jim Gerlach For Congress Commit	ttee					Date o	_	sburse			Y	V
	Mailing Address PO Box 87						03	Í		9		011	Ť
	City Uwchland	State PA	Zip Code 19480				Trans	sact	ion ID	: 33043	383		
	Purpose of Disbursement Campaign Contribution												
	Candidate Name)11		Amoun	t of	Each	Disburse	ement	t this I	Period
	Rep. James W. Gerlach			Cate	egor ype	ry/						1000	.00
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	y information copied from such Reports and State for commercial purposes, other than using the nat															\$
\square	NAME OF COMMITTEE (In Full)															
\backslash	American Academy of Neurology I	BrainPA	C													
	Full Name (Last, First, Middle Initial)															
Α.	Hoyer For Congress						[Date of	Dis /	sburse			Y	Y	Y	
	Mailing Address 700 13th Street, Nw Suite 600	_						03		1	0		20	011		
	City	State DC	Zip Code 20005					Transa	acti	on ID	: 33	304489	90			
	Washington Purpose of Disbursement	00	20005		_	_										
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В.	Full Name (Last, First, Middle Initial) Perlmutter For Congress						[Date of	Dis	sburse			V	Y	V	
	Mailing Address 3440 Youngfield Street #264							03	ĺ		4	/ 1		011	Ţ	
	City Wheat Ridge	State CO	Zip Code 80033					Trans	acti	ion ID):3	306917	79			
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С.	Full Name (Last, First, Middle Initial) Bucshon For Congress						[Date of	Dis	sburse	emei	nt				
	Mailing Address PO Box 250							м м 03	/	D 1	р 4	/ Y		011 011	Y	
	City Newburgh	State IN	Zip Code 47629					Transa	acti	ion ID):3:	306918	34			
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	Candidate Name Rep. Larry Bucshon MD			Cate					-					1000	0.00	٦
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\square	NAME OF COMMITTEE (In Full)		_											
	American Academy of Neurology E	BrainPA	VC											
Α.	Full Name (Last, First, Middle Initial) Rogers For Congress						Date of	f Di	sburse	ement				
							M	/	D		Y	Y Y	Y	
	Mailing Address PO Box 581						03	1	1	4	2	2011	_	
	,	State	Zip Code				Trans	act	ion ID	: 33069	9192			
	Brighton Purpose of Disbursement	MI	48116											
	Campaign Contribution			0	11		Amount	t of	Each	Disburs	emer	nt this	Perio	d
	Candidate Name			Cate	egor	ry/						100	0.00	٦.
	Rep. Michael J. Rogers Office Sought: V House Disburser	ment For:	2012	Ty	ype			-	7		_	100	0.00	
	Senate X President	Primary Other (sp	General				Campai	gn (Contril	oution				
	State: MI District: 08													
в.	Full Name (Last, First, Middle Initial) Berkley For Congress						Date of	f Di	sburse	ement				
	Derkiey I of Congress						M M	/	D		Y	Y Y	Y	
	Mailing Address 3077 E Warm Springs Rd Suite 30	00					03	1	1	4	2	2011	_	
	Las Vegas	State NV	Zip Code 89120				Trans	sact	ion ID	: 3306	9200			
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	Candidate Name			Cate		ry/						100	0.00	1
	Rep. Shelley Berkley Office Sought: Y House Disburser	ment For:	2012	Ty	ype			-	7			100	0.00	
	Senate X President	Primary Other (sp	General				Campai	ign	Contril	oution				
_	State: NV District: 01													
C.	Full Name (Last, First, Middle Initial)						Date of	f Di						
	Mailing Address 1707 Prince Street #5						03	<i>'</i>	D 1	4		2011	Y	
	City S Alexandria	State VA	Zip Code 22314				Trans	sact	ion ID	: 3306	9214			
	Purpose of Disbursement Leadership PAC Contribution			0	11		Amount	t of	Fach	Disburg	emer	nt this	Perio	d
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	HEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 78 OF 93
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam		sed by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology B	BrainPAC		
<u> </u>	Full Name (Last, First, Middle Initial)			
Α.	Ben Cardin For Senate			Date of Disbursement
	Mailing Address P.O. Box 21093			03 15 2011
	5	State Zip Code		Transaction ID : 33087435
		MD 21228		
	Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Sen. Benjamin Cardin		Туре	1000.00
	X Senate	nent For: 2012 Primary General Other (specify) ▼		Campaign Contribution
	State: MD District:			
	Full Name (Last, First, Middle Initial) TRUST PAC			Date of Disbursement
	Mailing Address 104 Hume Avenue			03 / D D / Y Y Y Y 03 15 2011
	Alexandria	State Zip Code VA 22301		Transaction ID : 33087440
	Purpose of Disbursement Leadership PAC Contribution		011	Amount of Each Disbursement this Period
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			Category/ Type	2500.00
		nent For: Primary General Other (specify) ▼		Leadership PAC Contribution
-	Full Name (Last, First, Middle Initial) Pete Sessions For Congress			Date of Disbursement
	Mailing Address PO Box 823047			03 / D D / Y Y Y Y 2011
	5	State Zip Code TX 75382		Transaction ID : 33087444
	Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
	Candidate Name			Autount of Each Dispursement this Fellou
	Rep. Pete Sessions		Category/ Type	1500.00
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_	State: TX District: 32			
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	y information copied from such Reports and Stater for commercial purposes, other than using the name													
\square	NAME OF COMMITTEE (In Full)													
	American Academy of Neurology E	BrainPA	C											
_	Full Name (Last, First, Middle Initial)													
А.	Price For Congress							-	sburse					
	Mailing Address P.O. Box 425						03		1	5	/ Y	20 ⁻		Y
	City	State	Zip Code				Tror		ion ID		3308744	17		
	Roswell	GA	30077				Trar	saci			3300744	•7		
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	Rep. Thomas Edmunds Price M.D.				ype				7				1000	.00
	Office Sought: X House Disburser Senate President	ment For: Primary Other (spe	General				Camp	aign	Contril	but	ion			
	State: GA District: 06													
_	Full Name (Last, First, Middle Initial)													
В.	Scott Brown For Us Senate Comm	nittee In	с				Date	of Di	sburse	eme				
	Mailing Address 337 Summer Street						03		D 1	D 15	/ Y	20		Y
	Boston	State MA	Zip Code 02210				Trar	isaci	tion ID)::	3308757	79		
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	Candidate Name			Cate									2500	0.00
	Sen. Scott Brown Office Sought: House Disburser	ment For:		T	ype				7	-	7			
		Primary Other (spe	General				Camp	aign	Contri	but	tion			
с.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse	em	ent			
							М	VI /	D		/ Y	Y		Y
	Mailing Address PO Box 2012						03		1	6		201	11	
	Portland	State ME	Zip Code 04104				Trar	saci	tion ID)::	3309080	01		
	Purpose of Disbursement Campaign Contribution				4.4									
	Candidate Name)11		Amou	nt of	Each	Di	sburser	nent	this I	Period
	Sen. Olympia J. Snowe			Cate T	egoi ype								1000	.00
	· ·	ment For: Primary Other (spe	General		<u> </u>		Camp	aign	Contril	but	ion			
Г							-		-			-	_	_
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 80 OF 93
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
or for commercial purposes, other than using the nar		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Neurology E	3rainPAC	
Full Name (Last, First, Middle Initial) • National Republican Congressiona	al Committee	Date of Disbursement
Mailing Address 320 First Street SE		
Washington	State Zip Code DC 20002	Transaction ID : 33090802
Purpose of Disbursement Party Contribution	[011 Amount of Each Disbursement this Period
Candidate Name		Category/ Type
Office Sought: House Disburset Senate President	ment For: Primary General Other (specify) ▼	Party Contribution
State: District:		
Full Name (Last, First, Middle Initial) 3. National Republican Congressiona	al Committee	Date of Disbursement
Mailing Address 320 First Street SE		03 / D D / Y Y Y Y 2011
Washington	State Zip Code DC 20002	Transaction ID : 33090804
Purpose of Disbursement Void - National Republican Congressional Committ	iee	011 Amount of Each Disbursement this Period
Candidate Name		Category/ Type -5000.00
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Void - National Republican Congressional Comm
Full Name (Last, First, Middle Initial)	·	Date of Disbursement
C. Texans For Henry Cuellar Congress	ssional Campaign	
Mailing Address 1519 Washington Street Suite 200		03 28 2011
Laredo	StateZip CodeTX78042	Transaction ID : 33120222
Purpose of Disbursement Campaign Contribution		011 Amount of Each Disbursement this Period
Candidate Name Rep. Henry Cuellar		Category/ Time 1000.00
	ment For: 2012 Primary General Other (specify)	Type Campaign Contribution
State: TX District: 28		
SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only))	

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE I	NUN	MBER:				PA	GE	81	OF 93	
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam															
\square	NAME OF COMMITTEE (In Full)															
	American Academy of Neurology E	BrainPA	C													
٨	Full Name (Last, First, Middle Initial)						г	Date of		bure	~m/	ont				
	Russ Carnahan In Congress Comr	nittee								D			v	Y	V	
	Mailing Address PO Box 190033						l	03	Í		29	Ĺ		011		
	City	State	Zip Code					Trane	acti	on ID		331217	52			
	St Louis	MO	63119					114115	acu			551217	JZ			
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	Candidate Name			Cate			- F									
	Rep. Russ Carnahan				ype	y/	1			,	_			250	0.00	
	Office Sought: X House Disburser Senate X President	nent For: Primary Other (spe	General				С	ampai	gn C	Contril	but	ion				
	State: MO District: 03															
_	Full Name (Last, First, Middle Initial)															
В.	Dave Camp For Congress							Date of	f Dis	sburse			Y Y	Y	Y	
	Mailing Address 5915 Eastman Avenue Suite 100							03			31			011		
	Midland	State MI	Zip Code 48640					Trans	acti	ion IC)::	331353	647			
	Purpose of Disbursement campaign contribution			C)11		Amount of Each Disbursement this Period									
	Candidate Name			Cate		ry/	1							500	0.00	
	Rep. David Lee Camp	mant Fari		Ту	ype		÷		-	7	-	7		000		
		ment For: Primary Other (spe	General				C	ampaię	gn c	ontrib	outio	on				
<u>с</u> .	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong	iress Ir					C	Date of	f Dis	sburse	eme	ent				
		, nooo, n					i.	M M	/	D	D	/	Y Y	Y	Y	
	Mailing Address PO Box 80126						1	04		C)5		20	011		
	City Stafayette	State LA	Zip Code 70598					Trans	acti	ion ID)::	331425	647			
	Purpose of Disbursement Campaign Contribution															
	Candidate Name				11	_	A	Amount	t of	Each	Di	sburse	ment	t this	Period	
	Rep. Charles W. Boustany Jr.			Cate T	egor ype	ry/								100	0.00	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General)		С	ampai	gn C	Contril	but	ion				
_	State: LA District: 07															
s	UBTOTAL of Disbursements This Page (optional)						[7		7		8500	0.00	
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S	CHEDULE E	B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 82 OF 93
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				Summary Page		21b	22 X 23 24 25 26 28a 28b 28c 29 30b
						any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COM	MITTEE (In Full)					
$ \rangle$	American A	cademy of Neurology	BrainPA	С			
<u> </u>	•	First, Middle Initial)					
Α.	Democratic	Senatorial Campaign	Commit	tee			Date of Disbursement
	Mailing Address	120 Maryland Avenue, NE					04 06 2011
	City Washington		State DC	Zip Code 20002			Transaction ID : 33148882
	Purpose of Disbu Political Party Co				0	11	Amount of Each Disbursement this Period
	Candidate Name					egory/ /pe	5000.00
	Office Sought:	House Disburs Senate President	ement For: Primary Other (spe	General Gereify) ▼		<u>,</u>	Political Party Contribution
	State:	District:					
B.	•	First, Middle Initial) Senatorial Campaign	Commit	tee			Date of Disbursement
	Mailing Address	120 Maryland Avenue, NE					04 / 06 / Y Y Y Y 2011
	City Washington		State DC	Zip Code 20002			Transaction ID : 33148884
	Purpose of Disbu Void - Democrat	ursement tic Senatorial Campaign Committe	e		0	011	Amount of Each Disbursement this Period
	Candidate Name				Cate	egory/ /pe	-5000.00
	Office Sought:	Senate President	ement For: Primary Other (spe	General ecify) ▼			Void - Democratic Senatorial Campaign Committe
	State:	District: First, Middle Initial)					
C.	•	Senatorial Campaign	Commit	tee			Date of Disbursement
	Mailing Address	120 Maryland Avenue, NE					04 06 2011
	City Washington		State DC	Zip Code 20002			Transaction ID : 33148885
	Purpose of Disbu Political Party Co				0	11	
	Candidate Name				Cate	egory/ /pe	Amount of Each Disbursement this Period 5000.00
	Office Sought: State:	House Disburs Senate President District:	ement For: Primary Other (spe	General General			Political Party Contribution
Γ	510.05						
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S	CHEDULE B (FEC Form 3X)	[FOR LINE	NUMBER PAGE 83 OF 93
	EMIZED DISBURSEMENTS	Use separate sch for each category		(check only	one)
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam			d by any perso	on for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)				
	American Academy of Neurology E	BrainPAC			
_	Full Name (Last, First, Middle Initial)				
А.	Debbie Wasserman Schultz For Co	ongress			Date of Disbursement
	Mailing Address 1071 Twin Branch Ln				04 / D D / Y Y Y Y 28 2011
	City	State Zip Co			Transaction ID: 33239596
	Weston	FL 33326	S		Transaction 10 . 35239390
	Purpose of Disbursement Campaign Contribution			011	Amount of Each Disbursement this Period
	Candidate Name				
	Rep. Debbie Wasserman-Schultz			Category/ Type	1000.00
	Office Sought: X House Disburser Senate President	ment For: 2012 Primary	deneral		Campaign Contribution
	State: FL District: 20				
Р	Full Name (Last, First, Middle Initial)				Data of Dishuranment
В.	Blue Dog Political Action Committe	e			Date of Disbursement
	Mailing Address 209 Pennsylvania Ave. SE				05 / 04 / Y Y Y Y 2011
	Washington	State Zip Co DC 20003			Transaction ID : 33277110
	Purpose of Disbursement Congressional PAC Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	5000.00
	Office Sought: House Disburser	ment For:		71	, , ,
	Senate	·	aeneral		Congressional PAC Contribution
	State: District:	Other (specify)			
_	Full Name (Last, First, Middle Initial)				
C.	Paul Gosar For Congress				Date of Disbursement
	Mailing Address P.O. Box 3586				05 / D D / Y Y Y Y 2011
	City Stagstaff	State Zip Co AZ 86003			Transaction ID : 33294899
	Purpose of Disbursement	<u></u>	,		
	Campaign Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	1000.00
	Rep. Paul R. Gosar			Туре	1000.00
	Office Sought: House Disburser Senate President State: AZ District: 01	ment For: 2012 Primary G Other (specify) ▼	General		Campaign Contribution
s	UBTOTAL of Disbursements This Page (optional)			····· ►	7000.00
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S	CHEDULE B (FEC Form 3X)				י אכ		IUMBER			PA	GE	84 OF	= 93
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$\left \right $	NAME OF COMMITTEE (In Full)		_										
	American Academy of Neurology E	BrainPA	С										
Α.	Full Name (Last, First, Middle Initial) John D. Dingell For Congress						Date o	f Dis	sburse				
	Mailing Address 700 13th Street, Nw Suite 600						05	/	1	0	20	11	
	Washington	State DC	Zip Code 20005				Trans	sacti	on ID	: 332949	00		
	Purpose of Disbursement Campaign Contribution			C	011		Amoun	t of	Each	Disburse	ment	this Pe	eriod
	Candidate Name Rep. John D. Dingell				egory ype	y/			,			1000.0	00
		ment For: Primary Other (spe	General				Campa	ign (Contrik	oution			
В.	Full Name (Last, First, Middle Initial) TFP-FOJB Committee Mailing Address 104 Hume Avenue						Date o	_	D		20	у у 11	
	City Alexandria	State VA	Zip Code 22301				Trans	sacti	ion ID	: 333012	207		
	Purpose of Disbursement Leadership Committee Candidate Name			Cate)11 egory ype	y/	Amoun	t of	Each	Disburse	ment	this Pe 2500.0	
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General ecify) ▼				Leader	ship	Comr	nittee			
с.	Full Name (Last, First, Middle Initial) Rhode Island Hope PAC						Date o	_					_
	Mailing Address 10 G Street, NE Suite 570						м м 05	/	D 1		20	ү ү 11	
	Washington	State DC	Zip Code 20002				Trans	sacti	ion ID	: 333012	209		
	Purpose of Disbursement Leadership Committee Candidate Name			0)11		Amoun	t of	Each	Disburse	ment	this Pe	eriod
					egory ype	y/			,			5000.0	00
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General ecify) ▼				Leaders	ship	Comn	nittee			
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\square	NAME OF COMMITTEE (In Full)															
	American Academy of Neurology E	BrainPA	C													
Α.	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong	ress, Ir	IC.					Date o	_	sburse		ent	Y Y	Y	Y	
	Mailing Address PO Box 80126							05		1	2		2	011		
	Lafayette	State LA	Zip Code 70598					Trans	acti	ion ID):3	333047	33			
	Purpose of Disbursement Campaign Contribution			0	11			Amoun	t of	Each	Di	sburse	men	t this	Peric	bd
	Candidate Name Rep. Charles W. Boustany Jr.			Cate	egor ype	ry/								100	0.00	
	Office Sought: X House Disburser	ment For: Primary Other (spe	General					Campai	ign (Contril	but	ion		/*	H	
в.	Full Name (Last, First, Middle Initial) Fleming For Congress							Date o	_	sburse		ent	Y Y	Y	Y	
	Mailing Address P.O. Box 1236							05		1	3		2	011		
	Minden	State LA	Zip Code 71058					Trans	sact	ion ID)::	333047	'90			
	Purpose of Disbursement Campaign Contribution Candidate Name			Cate		y/		Amoun	t of	Each	Di	isburse	men	t this 100	-	bd
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C.	Full Name (Last, First, Middle Initial) Fleming For Congress							Date o				ent				
	Mailing Address P.O. Box 1236							м м 05	/	D 1	3			011	Y	
	City S Minden	State LA	Zip Code 71058					Trans	sact	ion ID)::	333047	'92			
	Purpose of Disbursement Void - Fleming For Congress Candidate Name Rep. John C. Fleming MD			Cate		·y/		Amoun	t of	Each	Di	sburse	men	t this -1000		bd
		ment For: Primary Other (spe	General		ype			√oid - F	lem	ing Fc	or C	Congre	SS			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_										
	American Academy of Neurology E	BrainPAC										
٨	Full Name (Last, First, Middle Initial)					Date c	f Di	oburo		ont		
А.	Fleming For Congress							_				
	Mailing Address P.O. Box 1236					05			13		2011	¥
	City	State Zip Code				Tran	sacti	ion IF	• • •	333047	03	
	Minden	LA 71058				Trans	Saci			555047	55	
	Purpose of Disbursement Campaign Contribution		0	11		Amour	nt of	Each	ı Di	sburse	ment thi	s Period
	Candidate Name		Cate	egor	y/						10	
	Rep. John C. Fleming MD			ype				7	_	7		00.00
	Office Sought: X House Disburser Senate President	ment For: 2012 Primary General Other (specify) ▼				Campa	ign (Contri	ibut	ion		
	State: LA District: 04											
Б	Full Name (Last, First, Middle Initial)					Data	(D:					
В.	Friends of John Barrasso Committ	ee				Date c				ent		
	Mailing Address 406 Virginia Ave.,					05	/		19	/	2011	Ŷ
	Alexandria	State Zip Code VA 22302				Tran	sact	ion II) : :	333506	37	
	Purpose of Disbursement Campaign Contribution		0)11		Amour	nt of	Each	ı Di	sburse	ment thi	s Period
	Candidate Name		Cate		y/						1(00.00
	Sen. John Barrasso		Ту	/pe			-	7	-	, ,		,00.00
	0	ment For: 2012 Primary General Other (specify) ▼				Campa	aign (Contri	ibut	tion		
C.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Com	nmittee				Date c	of Di	sburs	em	ent		
	Mailing Address 76 Magnolia Terrace					05	/		23	/ /	2011	Y
	City Springfield	State Zip Code MA 01108				Tran	sact	ion IE)::	333560	85	
	Purpose of Disbursement			-								
	Campaign Contribution Candidate Name		0	11		Amour	nt of	Each	ı Di	sburse	ment thi	s Period
	Rep. Richard E. Neal		Cate		у/						10	00.00
	•	ment For: 2012	IJ	ype				7	-	7		
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\mathbb{N}	NAME OF COMMITTEE (In Full)															
	American Academy of Neurology E	BrainPAC														
_	Full Name (Last, First, Middle Initial)															
Α.	Friends Of Max Baucus							Date of	Dis /	sburse			Y	Y	Y	
	Mailing Address PO Box 586							05		2	23		2	011		
	City Helena	State Zip Code MT 59624	•					Trans	acti	ion ID):3	333560	86			
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	Sen. Max Baucus Office Sought: House Disburser	ment For: 2014		Ту	vpe		÷	-	-	7	-	7				
	Senate President	Primary Gene Other (specify)	eral				С	Campaiç	gn (Contril	but	ion				
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В.	Full Name (Last, First, Middle Initial)	a rooo					г	Date of	Die	shured	om	ont				
υ.	Cathy Mcmorris Rodgers For Cong	gress					i i		210	D			V	Y	V	
	Mailing Address Box 137						l	05	ľ		24			011		
	City Spokane	State Zip Code WA 99210	9					Trans	acti	ion ID	D::	333563	16			
	Purpose of Disbursement Campaign Contribution			0	11		A	Amount	of	Each	Di	sburse	nen	t this	Peric	bd
	Candidate Name		`	Cate	gor	y/	1							100	0.00	
	Rep. Cathy McMorris Rodgers	. –		Ту	vpe		J.		-	7	-	7		100	0.00	
		ment For: 2012 Primary Gene Other (specify) ▼	eral				С	Campai	gn (Contri	but	tion				
_	Full Name (Last, First, Middle Initial)															
C.	Pete Stark Re-Election Committee						0	Date of	Dis			_		Y		
	Mailing Address P.O. Box 8331						l	05	ľ	2	24			011	Ť	
	City Fremont	State Zip Code CA 94537	•					Trans	acti	ion ID)::	333563	17			
	Purpose of Disbursement	CA 94537		_	_	_										
	Campaign Contribution			0	11		A	Amount	of	Each	Di	sburse	nen	t this	Peric	bd
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	Rep. Fortney Peter StarkOffice Sought:VHouseDisburser			Ту	/pe					7	_	7		100	5.00	
	Senate President	ment For: 2012 Primary Gene Other (specify) ▼	eral				С	Campai	gn C	Contril	but	ion				
	State: CA District: 13								_		_		_			
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam					perso	n for the		oose (of soliciti		ntribut	ions
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	American Academy of Neurology E	BrainPA	С										
<u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial)												
Α.	Matheson For Congress						Date o	_	sburse		Y Y	Y	Y
	Mailing Address P.O. Box 521048						05			4		011	
	5	State	Zip Code				Trans	acti	on ID	: 333563	818		
	Salt Lake City Purpose of Disbursement	UT	84152										
	Campaign Contribution			C)11		Amoun	t of	Each	Disburse	ment	this F	eriod
	Candidate Name			Cate	egor	y/						1500	00
	Rep. James D. Matheson				ype	-			7			1500	00
	Office Sought: House Disburser Senate President State: UT District: 02	ment For: Primary Other (spe	General				Campai	ign (Contrit	oution			
_	Full Name (Last, First, Middle Initial)												
В.	Becerra For Congress						Date o	_					
	Mailing Address P.O. Box 261060						05	/	3	1		011	Y
	Los Angeles	State CA	Zip Code 90026				Trans	sacti	ion ID	: 333758	309		
	Purpose of Disbursement Campaign Contribution			C	011		Amoun	t of	Each	Disburse	ment	this F	eriod
	Candidate Name				egor	ry/						1000	00
	Rep. Xavier Becerra			T	уре				7			1000	.00
		ment For: Primary Other (spe	General				Campa	ign (Contril	oution			
с.	Full Name (Last, First, Middle Initial) Giffords For Congress						Date o	f Dis	sburse	ement			
							M M	/	D	D /	Y Y	Y	Y
	Mailing Address PO Box 12886						05		3	1	20	011	
	City Tucson	State AZ	Zip Code 85732				Trans	sacti	ion ID	: 333758	310		
	Purpose of Disbursement Campaign Contribution)11		A	(-	Distance		41-1- F	a stand
	Candidate Name						Amoun	tor	Each	Disburse	ment	this F	eriod
	Rep. Gabrielle Giffords				egor ype	y/		_				1000	00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General				Campai	ign C	Contrik	oution			
	State: AZ District: 08												
s	UBTOTAL of Disbursements This Page (optional)							_	,		_	3500.	00
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S	CHEDULE B (FEC Form 3X)	FOR LINE I	NUMBER: PAGE 89 OF 93		
IT	EMIZED DISBURSEMENTS	Use separate schedu for each category of	• •	(check only	
		Detailed Summary Pa	age	210	28a 28b 28c 29 30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may not be sold on the sold of the s	or used political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)				
	American Academy of Neurology E	BrainPAC			
^	Full Name (Last, First, Middle Initial)				Date of Disbursement
А.	Friends Of Lois Capps				
	Mailing Address PO Box 23940				
	City	State Zip Code			Transaction ID : 33378436
	Santa Barbara	CA 93121			Transaction 12 : 35370430
	Purpose of Disbursement Campaign Contribution		10	011	Amount of Each Disbursement this Period
	Candidate Name				
	Rep. Lois Capps			Category/ Type	1000.00
		ment For: 2012 Primary Gene Other (specify) ▼	eral		Campaign Contribution
	State: CA District: 23				
_	Full Name (Last, First, Middle Initial)				
В.	Republican Main Street PAC				Date of Disbursement
	Mailing Address 325 7th Street, NW				06 01 2011
	Suite 610				
	Washington	StateZip CodeDC20004			Transaction ID : 33378440
	Purpose of Disbursement Leadership PAC Contribution		10	011	Amount of Each Disbursement this Period
	Candidate Name		-14		Amount of Each Disbursement this renou
				Category/ Type	5000.00
		ment For:			
	Senate	Primary Gene	ral		Leadership PAC Contribution
	State: District:	Other (specify)			
_	Full Name (Last, First, Middle Initial)				
C.	Andy Harris For Congress				Date of Disbursement
	Mailing Address PO Box 426				06 / D D / Y Y Y Y 2011
		State Zip Code			Transaction ID : 33380724
	Stevensville Purpose of Disbursement	MD 21666			
	Campaign Contribution		- H F	011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	Rep. Andy Harris			Type	1000.00
	Senate President	ment For: 2012 Primary Gene Other (specify) ▼	eral		Campaign Contribution
_	State: MD District: 01				
s	UBTOTAL of Disbursements This Page (optional)			····· ►	7000.00
т	OTAL This Period (last page this line number only))		····· ►	

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 90 OF 9
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar			l by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)				
$\left \right\rangle$	American Academy of Neurology E	BrainPAC			
	Full Name (Last, First, Middle Initial)				
Α.	Al Franken For Senate 2014				Date of Disbursement
	Mailing Address PO Box 583144				06 08 2011
	5	State Zip Code			Transaction ID : 33423833
	Minneapolis Purpose of Disbursement	MN 55458			
	Campaign Contribution		1	011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	Sen. Al Franken			Туре	1000.00
	Office Sought: House Disburser X Senate X President X	ment For: 2014 Primary Gene Other (specify) ▼	eral		Campaign Contribution
	State: MN District:				
-	Full Name (Last, First, Middle Initial)				
В.	Democratic Congressional Campa	ign Committee			Date of Disbursement
	Mailing Address 430 South Capitol St. SE 2nd Floor				06 09 2011
	City Washington	State Zip Code DC 20003			Transaction ID : 33431808
	Purpose of Disbursement National Party Contribution		1	011	Amount of Each Disbursement this Period
	Candidate Name		٦.	Category/	5000.00
	Office Sought: House Disburser	ment For:		Туре	
	Senate President	Primary Gene	eral		National Party Contribution
	State: District:	Other (specify)			
~	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	Ryan For Congress				
	Mailing Address PO Box 1488				06 / 14 / Y Y Y Y 2011
		State Zip Code			Transaction ID : 33447513
	Janesville Purpose of Disbursement	WI 53547			
	Campaign Contribution		- 11	011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2500.00
	Rep. Paul D. Ryan			Туре	2500.00
	Senate President	ment For: 2012 Primary Gene Other (specify) ▼	eral		Campaign Contribution
	State: WI District: 01				
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\square	NAME OF COMMITTEE (In Full)												
	American Academy of Neurology E	BrainPA	C										
	Full Name (Last, First, Middle Initial)						Date o	4 Dia	huron	mont			
А.	Paul Broun Committee						Date 0				X X	(Y	
	Mailing Address P.O. Box 6337						06	/	D 1	4		011	Y
	City	State	Zip Code				Trong		an ID	. 22447	746		
	Athens	GA	30604				Trans	sacti	on ID	: 33447	/16		
	Purpose of Disbursement Campaign Contribution			0	11		Amoun	t of	Fach	Disburs	emen	t this	Period
	Candidate Name						, unoun		Laon	Biobarc	onnon		r enied
	Rep. Paul C. Broun MD			Cate Ty	ype	y/						100	0.00
	•	ment For:	2012										
	Senate	Primary	General				Campa	ign C	Contrib	oution			
	State: GA District: 10	Other (spe	ecify) 🔻										
	Full Name (Last, First, Middle Initial)												
В.	Diane Black For Congress						Date o	f Dis	sburse	ement			
							M M	/	D	D /	Y Y	Y	Y
	Mailing Address PO Box 1437						06		1	4	2	2011	
	Gallatin	State TN	Zip Code 37066				Trans	sacti	ion ID	: 33447	746		
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	Rep. Diane Black			Ту	/pe				7	7		100	0.00
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_	State: TN District: 06 Full Name (Last, First, Middle Initial)												
C.	Texans For Henry Cuellar Congres	ssional	Campaign				Date o						
	Mailing Address 1519 Washington Street Suite 200						м м 06	<i>'</i>	D 1	5		011	
	City Laredo	State TX	Zip Code 78042				Trans	sacti	ion ID	: 33456	6063		
	Purpose of Disbursement			_	-	_							
	Campaign Contribution			0	11		Amoun	t of	Each	Disburs	emen	t this	Period
	Candidate Name			Cate		y/						100	0.00
	Rep. Henry Cuellar Office Sought: V House Disburser	ment For:	2012	ly	ype			-	7		_		
	Senate President	Primary Other (spe	General				Campa	ign C	Contrik	oution			
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	American Academy of Neurology E	BrainPA	C													
^	Full Name (Last, First, Middle Initial)							Deta	4 D'			0.m ¹				
А.	Klobuchar For Minnesota 2012							Date o				ent				
	Mailing Address PO Box 4146							06	/	2	22	/		011	Ŷ	
	City	State	Zip Code				1	Tran	acti	ion ID		334699	202			
	St Paul	MN	55104					ITali	sacu			55405:	502			
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	Candidate Name			Cate				· · ·						100	0.00	٦.
	Sen. Amy Klobuchar	mont Free	0010	Ty	ype		_	<u> </u>	-	7	-	7		100		
	Senate X President	ment For: 2 Primary Other (spe	General					Campa	ign (Contril	but	ion				
	State: MN District:						-									
P	Full Name (Last, First, Middle Initial)							Det	۲ P.	- I		t				
в.	Lone Star Leadership PAC							Date o	_			ent				
	Mailing Address 104 Hume Avenue							м м 06	/	D 2	22	/		011	Y	
	City S Alexandria	State VA	Zip Code 22301					Tran	sacti	ion ID)::	33469	903			
	Purpose of Disbursement Leadership PAC Contribution			C)11			Amour	t of	Each	Di	sburse	ement	t this	Period	
	Candidate Name			la de la compañía de		n/		_								1
				Cate Ty	ype			L		,				200	0.00	1
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼					Leader	ship	PAC	Co	ntribut	ion			
_	Full Name (Last, First, Middle Initial)						+-									
C.								Date o				ent				
	Mailing Address 8550 United Plaza Blvd. Suite 1001							м м 06	/	2	27	/		011	Ŷ	
	City Saton Rouge	State LA	Zip Code 70809					Tran	sacti	ion ID)::	334849	965			
	Purpose of Disbursement Campaign Contribution			_	14		1			_					_	
	Candidate Name				11	_		Amoun	t of	Each	Di	sburse	ement	t this	Period	
	Rep. Bill Cassidy MD			Cate T	egoi /pe					_				100	0.00	
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	American Academy of Neurology E	BrainPA	С			;									
Δ	Full Name (Last, First, Middle Initial)							Date of	f Die	shurs	٥m	nent			
^ .	Building a Majority PAC							M	/	D			Y Y	Y	Y
	Mailing Address 10 G Street, NE, Suite 570							06			27			011	
	y	State	Zip Code					Trans	acti	on IC) :	33484	970		
	Washington Purpose of Disbursement	DC	20002												
	Leadership PAC Contribution			0	11			Amoun	t of	Each	n D	Disburse	emen	t this	Period
	Candidate Name			Cate		ry/		· · ·						100	00
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в.	Full Name (Last, First, Middle Initial)							Date of	f Die	bure	om	aant			
Ь.	Cantor For Congress									DUIS		_	VV	Y	V
	Mailing Address P.O. Box 17813							06	Í		29			011	
	Richmond	State VA	Zip Code 23226					Trans	acti	ion II	D :	33488	342		
	Purpose of Disbursement Campaign Contribution			0	11			Amoun	t of	Each	n D	Disburse	emen	t this	Period
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	Rep. Eric I. Cantor Office Sought: V House Disburser	ment For:	2012	Ту	/pe				-	7		,	-		
		Primary Other (spe	General					Campai	ign (Contri	ibu	ution			
_	State: VA District: 07														
C.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund							Date of	f Dis	sburs	en	nent			
	Mailing Address 426 C Street NE Rear Building							м м 06	/	2	29) /		011 ^Y	Y
		State	Zip Code					Terra			<u> </u>	22400	242		
	Washington	DC	20002					irans	acti		: כ	33488	343		
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