Image# 12961002829 PAGE 1 / 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			i oi otilei	THAIL ALL AU	itiiorizec	Committee			Office U	Jse Only	
	NAME O	F TEE (in full)	TYPE OR F	PRINT ▼		mple: If typing the lines.	ng, type	12FE	4M5		
Ar	mericar	n Academy of	Neurolo	gy BrainPA	C						1
			1 500h 0 - I	OLNE							
ADD	RESS (n	umber and street)	509b 2nd								
П		ck if different	Lower Le	vel							
Н		previously orted. (ACC)	Washing	ton				DC	2000	02	
2.	FEC IDE	ENTIFICATION N	UMBER ▼	C	ITY 🛦			STATE A		ZIP CO	DE 🛦
	C	00435933			IS THIS REPORT		NEW (N) OR		AMENDED (A))	
4.	TYPE (OF REPORT	(b) Mon Rep	, 10	b 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due	Ma	ar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	П	April 15		Ap	or 20 (M4)		Jul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)
	H	Quarterly Report (C July 15	Q1) (c)	12-Day PRE-Election		Primary (12F	P)	X Ger	neral (12G)		Runoff (12R)
		Quarterly Report (0	Q2)	Report for the:		Convention ((12C)	Spe	ecial (12S)		
	Ш	October 15 Quarterly Report (0	Q3)			M M /	D D /	Y	Y Y	in the	
		January 31 Year-End Report (YE)	Elect	ion on	11	06	2012		State o	f MN
		July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d)	30-Day POST-Election		General (300	a)	Rur	noff (30R)		Special (30S)
		Termination Report (TER)		Report for the:	ion on	M = M /	D = D /	Y	Y	in the State o	f
5.	Covering	Period 1		2012	Y	through	10	/ D 17)12	
l cer	rtify that I	have examined th	nis Report a	nd to the best of	of my kno	wledge and	belief it is tr	ue, corre	ct and comple	ete.	
Туре	or Print	Name of Treasure	er Mr. Timo	thy J. Engel							
Sign	ature of	Treasurer Mr.	Timothy J. Eng	el		[Electronicall	y Filed] [Date	M M / D	4	2012
NOT	E: Submis	ssion of false, error	neous, or inco	omplete informati	on may su	bject the per	son signing t	his Repor	t to the penal	ties of 2 l	J.S.C. §437g.
	Off Us									FOR	
	Or									Rev. 12/20)04

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC 10 01 2012 10 2012 Report Covering the Period: 17 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 155948.02 January 1, 2012 (b) Cash on Hand at 61356.02 Beginning of Reporting Period..... 232526.21 25444.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 86800.02 388474.23 6(a) and 6(c) for Column B)..... 7335.00 309009.21 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 79465.02 79465.02 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	16004.00	160008.00
(i) Itemized (use Schedule A)	7	
(ii) Unitemized	9440.00	60094.00
(iii) TOTAL (add	, 0110.00	
Lines 11(a)(i) and (ii)	25444.00	220102.00
211100 11(a)(i) and (ii)	7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	25444.00	220102.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	8900.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	3524.21
. Transfers from Non-Federal and Levin Funds	7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (iroin ocheaule 110)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 15141 1141151515 (4444 15(4) 4114 15(5))11		, , , , ,
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	25444.00	232526.21
Total Fodoral Doppinto		
. Total Federal Receipts	05111.00	200-22 2
(subtract Line 18(c) from Line 19)▶	25444.00	232526.2

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcilaai Tear-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
Expenditures	0.00	0.00			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00			
Transfers to Affiliated/Other Party	0.00	0.00			
CommitteesContributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	6250.00	303400.00			
Independent Expenditures					
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	200			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
(a) Individuals/Persons Other	1005.00	2085.00			
Than Political Committees	1085.00	2085.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contribution Defined					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1085.00	2085.00			
(add Lines 20(a), (b), and (c))					
Other Disbursements	0.00	3524.21			
_					
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	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
	7				
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7335.00	309009.2			
Total Fadaral Disk assesses					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	7335.00	309009.21			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	25444.00	220102.00
4. Total Contribution Refunds (from Line 28(d))	1085.00	2085.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24359.00	218017.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:				PAGE		6	OF	23	
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

	nd Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Neuro	logy BrainPAC	
Full Name (Last, First, Middle Initial) 1. Dr. Bruce M. Cotugno		Date of Receipt
Mailing Address 104 Springbrooke Dr		10 02 2012
City	State Zip Code	Transaction ID : 35320979
Venetai	PA 15367	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Adult Neurology Center	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	640.00	
Full Name (Last, First, Middle Initial) Dr. Robert W. Hamill		Date of Receipt
Mailing Address 89 Beaumont Dr		M = M / D = D / Y = Y = Y
Given C225	Chair 7'- 0 I	10 03 2012
City	State Zip Code	Transaction ID: 35333611
Burlington	VT 05405-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of Vermont	Professor of Neurology	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Yoon-Hee Cha		Date of Receipt
Mailing Address 4313 South Retana Avenu	ıe	10 03 2012
City	State Zip Code	Transaction ID : 35333627
Broken Arrow	OK 74011-1398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Laureate Institute for Brain Research	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1500.00
	·	
TOTAL This Period (last page this line number	ber only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

23

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Marc D. London Date of Receipt Mailing Address 2 Crosfield Ave Ste 202 2012 10 03 City Zip Code State Transaction ID: 35336512 NY West Nyack 10994-2219 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Rockland Neurological Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Zeyad Morcos Date of Receipt Mailing Address 289 Pleasant St Ste 604 Sleep Medicien & Neurology 10 2012 02 City Zip Code State Transaction ID: 35354063 MA Fall River 02721-3005 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Manmohan Nayyar Date of Receipt Mailing Address 15007 Pamlico Rd 02 2012 10 City State Zip Code Transaction ID: 35354064 CA Apple Valley 92307-5005 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation High Desert Neuro-Diagnostic Med. Grp. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) **ITEMI**

FOR LINE NUMBER: PAGE 8

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Any info 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. Edward F. Good Date of Receipt Mailing Address 3229 Preston Hollow Rd 10 02 2012 City State Zip Code Transaction ID: 35354065 TX 76109-2052 Fort Worth Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daniel B. Hoch Date of Receipt Mailing Address 143 South St 10 2012 03 City State Zip Code Transaction ID: 35354075 MA Rockport 01966 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MGH Professional Organization Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Todd A. Rave Date of Receipt Mailing Address 3240 Parkwood Dr 03 2012 10 City State Zip Code Transaction ID: 35354077 WI Stevens Point 54481-5571 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation MMG Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John David Hixson Date of Receipt Mailing Address 1224 3rd Ave 04 2012 10 City Zip Code State Transaction ID: 35354081 CA San Francisco 94122-2705 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **UCSF** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John B. Townsend Date of Receipt Mailing Address 774 Christiana Rd Ste 201 10 04 2012 City State Zip Code Transaction ID: 35354085 DE Newark 19713-4221 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation **Delaware Neuroscience Specialists** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Irene E. Bettinger Date of Receipt Mailing Address 2417 West 70th Street 10 06 2012 State Zip Code Transaction ID: 35354100 KS Shawnee Mission 66208 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation St Luke's (Kansas City) Neurological C Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12		
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Vernon D. Rowe Mailing Address 8550 Marshall Dr Ste 100		Date of Receipt
		10 06 2012
City	State Zip Code	Transaction ID: 35354135
Lenexa	KS 66214-9836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Rowe Neurology Institute	Neurologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Elizabeth S. Rowe		Date of Receipt
Mailing Address 8550 Marshall Dr Ste 100	01.1. 7. 0.1.	10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lenexa	State Zip Code KS 66214-9836	Transaction ID : 35354137
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Rowe Neurology Institute	Research Scientist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Patrick M. Capone		Date of Receipt
Mailing Address 125A Medical Cir		10 08 2012
City	State Zip Code	Transaction ID: 35354949
Winchester	VA 22601-3322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Winchester Neurological Consultants, I	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line numb	per only)	

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Detailed Summary Page	X 11a 11b 11c	12						
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Orly Avitzur Mailing Address 815 Old Sleepy Hollow Ro	d Extension	Date of Receipt
City Briarcliff	State Zip Code NY 10510-2543	Transaction ID : 35356263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) Other (specify) General	Occupation Physician Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. Timothy A. Pedley Mailing Address 55 Grace Church St. City Rye	State Zip Code NY 10580	Date of Receipt 10 05 2012 Transaction ID : 35372302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Columbia University Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1100.00	100.00
Full Name (Last, First, Middle Initial) Dr. Steven J. Holtz Mailing Address 6970 Broadway Terrace		Date of Receipt 10 06 2012
City Oakland FEC ID number of contributing federal political committee. Name of Employer John Muir Physical Ntwk Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code CA 94611 C Occupation Neurologist Aggregate Year-to-Date ▼ 300.00	Transaction ID : 35372303 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional	l) >	900.00
TOTAL This Period (last page this line num	her only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Todd J. Janus Date of Receipt Mailing Address 4008 Muskogee Avenue 2012 10 08 City Zip Code State Transaction ID: 35372306 Des Moines IΑ 50312-4627 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Iowa Health Physicians Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Patrick J. Hogan III Date of Receipt Mailing Address 2201 S 19th St Ste 200 10 13 2012 City State Zip Code Transaction ID: 35377554 WA Tacoma 98405-2961 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Eric P. Gierke Date of Receipt Mailing Address 320 NW 199 Street 2012 10 13 City Zip Code State Transaction ID: 35377556 WA Shoreline 98177-2552 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **Everett Clinic** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 23 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. John R. Huddlestone Date of Receipt Mailing Address 915 6th Ave Ste 2 2012 10 City Zip Code State Transaction ID: 35377571 WA 98405-4682 Tacoma Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Multi Care Neurological Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ashish M. Trivedi Date of Receipt Mailing Address 9265 Points Dr NE 10 2012 14 City State Zip Code Transaction ID: 35377579 WA Clyde Hill 98004 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Northwest Neurology and Electro Diag C Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Joseph A. Tornabene Date of Receipt Mailing Address 1234 Millerdale Avenue 2012 10 14 City Zip Code State Transaction ID: 35377581 WA Wenatchee 98801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Wenatchee Valley Med Ctr. Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. David G. Vossler Date of Receipt Mailing Address 4764 155th PL SE 2012 10 City Zip Code State Transaction ID: 35377585 WA 98006-3283 Bellevue Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation UW Medicine | Valley Medical Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 10 15 2012 City State Zip Code Transaction ID: 35393555 OH Twinsburg 44087 Amount of Each Receipt this Period FEC ID number of contributing 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 1750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Glen R. Finney Date of Receipt Mailing Address 9235 NW 26th Avenue 10 15 2012 City State Zip Code Transaction ID: 35393557 FL Gainesville 32606-9180 Amount of Each Receipt this Period FEC ID number of contributing 84.00 С federal political committee. Name of Employer Occupation Univ. of FL Dept. of Neurology Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) 484.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: P.	AGE 15 OF 23
Use separate schedule(s)	(check only one)	
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C. Duckworth For Congress			Date of Disbursement						
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,	State Zip Code IL 60159		Transaction ID : 35397720						
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Mailing Address		M = M / D = D / Y = Y = Y						
City	y State Zip Code							
Purpose of Disbursement	Purpose of Disbursement							
·								
Candidate Name	Category/	ategory/ Type						
Office Sought: House Disburser								
Office Sought: House Disburser Senate	Primary General							
President	Other (specify)							
State: District:	,							
Full Name (Last, First, Middle Initial)			Data of Dialous					
C.	Date of Disbursem							
Mailing Address			M M / D D	/ Y Y Y Y				
City	State Zip Code							
Dumaga of Dishuraamant								
Purpose of Disbursement	Amount of Each Disbursement this Period							
Candidate Name	Category/	Amount of Each L	dispursement this Period					
		Type						
	ment For:							
Senate President	Primary General Other (specify) ▼							
State: District:	Outer (Specify)							
SUBTOTAL of Disbursements This Page (optional)				500.00				
		<u>·</u>		6050.00				
TOTAL This Period (last page this line number only))			6250.00				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			IUMBER:		PAGE 23 OF 23				
ITEMIZED DISBURSEMENTS	for each category of the	(check	only 21b	one) 22	23	24	26			
	Detailed Summary Page		27	X 28a	28b	28c	25 29	30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
$\Big angle$ American Academy of Neurology E	BrainPAC									
Full Name (Last, First, Middle Initial)										
Dr. Vernon D. Rowe				Date of	Disbursem		YYYY			
Mailing Address 8550 Marshall Dr Ste 100				10	09	J L	2012			
City			Transa	ction ID :	35356114	1				
Lenexa Purpose of Disbursement	KS 66214-9836			Tranca						
Refund of contribution made on 9/29/2012		010		Amount	of Each D	isbursem	ent this Pe	eriod		
Candidate Name		Category Type	//				1000.0	0		
President	nent For: Primary General Other (specify)	Турс		Refund o	f contribution	on made	on 9/29/20	12		
State: District:										
Full Name (Last, First, Middle Initial) B. Dr. William S. Gilmer				Date of	Disbursem	ent				
				M = M	/ D D	/ Y	YYY	7		
Mailing Address 2323 Dunstan Rd				10	12		2012			
City Houston Purpose of Disbursement	State Zip Code TX 77005-2613			Transa	ction ID :	3544623	7			
Refund of contribution made on 9/15/2012, reported	010		Amount	of Each D	isbursem	ent this Pe	eriod			
Candidate Name	Category Type	//		-	,	85.0	00			
Office Sought: House Disburser	nent For: Primary General Other (specify)				f contributi 20 FEC rep		on 9/15/20	12, reported		
Full Name (Last, First, Middle Initial)				Date of	Disbursem	ent				
Mailing Address				M II M	/ D D	/ Y	YYYY			
City										
Purpose of Disbursement										
Candidate Name	Category Type	//	Amount	of Each D	isbursem	ent this Pe	eriod			
Office Sought: House Disburser	nent For: Primary General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)					-		1085.0	0		
				-	7	1		=		
TOTAL This Period (last page this line number only)			•			- 1	1085.0	0		