

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 509b 2nd St NE Lower Level Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/06/2012 in the State of MN

5. Covering Period 10/01/2012 through 10/17/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 10/24/2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		155948.02
(b) Cash on Hand at Beginning of Reporting Period.....	61356.02	
(c) Total Receipts (from Line 19)	25444.00	232526.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	86800.02	388474.23
7. Total Disbursements (from Line 31).....	7335.00	309009.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	79465.02	79465.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: 10 / 01 / 2012 To: 10 / 17 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16004.00	160008.00
(ii) Unitemized	9440.00	60094.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25444.00	220102.00
(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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3524.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25444.00	232526.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25444.00	232526.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6250.00	303400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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 Refunds (add Lines 28(a), (b), and (c)).....	1085.00	2085.00
29. Other Disbursements	0.00	3524.21
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7335.00	309009.21
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25444.00	220102.00
34. Total Contribution Refunds (from Line 28(d))	1085.00	2085.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24359.00	218017.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Bruce M. Cotugno
Full Name (Last, First, Middle Initial)

Mailing Address 104 Springbrooke Dr

City Veneta State PA Zip Code 15367

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

Name of Employer Adult Neurology Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **10 / 02 / 2012**

Transaction ID : 35320979

Amount of Each Receipt this Period **500.00**

B. Dr. Robert W. Hamill
Full Name (Last, First, Middle Initial)

Mailing Address 89 Beaumont Dr Given C225

City Burlington State VT Zip Code 05405-0001

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

Name of Employer University of Vermont Occupation Professor of Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 03 / 2012**

Transaction ID : 35333611

Amount of Each Receipt this Period **500.00**

C. Dr. Yoon-Hee Cha
Full Name (Last, First, Middle Initial)

Mailing Address 4313 South Retana Avenue

City Broken Arrow State OK Zip Code 74011-1398

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

Name of Employer Laureate Institute for Brain Research Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 03 / 2012**

Transaction ID : 35333627

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Marc D. London

Mailing Address 2 Crosfield Ave Ste 202

City State Zip Code
West Nyack NY 10994-2219

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

Name of Employer Occupation
Rockland Neurological Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2012
Transaction ID : 35336512

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Dr. Zeyad Morcos

Mailing Address 289 Pleasant St Ste 604
Sleep Medicien & Neurology

City State Zip Code
Fall River MA 02721-3005

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

Name of Employer Occupation
Self Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 02 / 2012
Transaction ID : 35354063

Amount of Each Receipt this Period
100.00

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

Mailing Address 15007 Pamlico Rd

City State Zip Code
Apple Valley CA 92307-5005

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

Name of Employer Occupation
High Desert Neuro-Diagnostic Med. Grp. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 02 / 2012
Transaction ID : 35354064

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Edward F. Good
 Full Name (Last, First, Middle Initial)
 Mailing Address 3229 Preston Hollow Rd
 City State Zip Code
 Fort Worth TX 76109-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : 35354065
 Amount of Each Receipt this Period
 100.00

B. Dr. Daniel B. Hoch
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 South St
 City State Zip Code
 Rockport MA 01966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MGH Professional Organization Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2012
Transaction ID : 35354075
 Amount of Each Receipt this Period
 500.00

C. Dr. Todd A. Rave
 Full Name (Last, First, Middle Initial)
 Mailing Address 3240 Parkwood Dr
 City State Zip Code
 Stevens Point WI 54481-5571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MMG Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2012
Transaction ID : 35354077
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John David Hixson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 04 / 2012 Transaction ID : 35354081
Mailing Address 1224 3rd Ave		Amount of Each Receipt this Period 500.00
City San Francisco	State CA	Zip Code 94122-2705
FEC ID number of contributing federal political committee. C		
Name of Employer UCSF	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John B. Townsend		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 04 / 2012 Transaction ID : 35354085
Mailing Address 774 Christiana Rd Ste 201		Amount of Each Receipt this Period 100.00
City Newark	State DE	Zip Code 19713-4221
FEC ID number of contributing federal political committee. C		
Name of Employer Delaware Neuroscience Specialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Irene E. Bettinger		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2012 Transaction ID : 35354100
Mailing Address 2417 West 70th Street		Amount of Each Receipt this Period 500.00
City Shawnee Mission	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer St Luke's (Kansas City) Neurological C	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Vernon D. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 8550 Marshall Dr Ste 100

City Lenexa	State KS	Zip Code 66214-9836
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rowe Neurology Institute	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2012

Transaction ID : 35354135

Amount of Each Receipt this Period
500.00

B. Dr. Elizabeth S. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 8550 Marshall Dr Ste 100

City Lenexa	State KS	Zip Code 66214-9836
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rowe Neurology Institute	Occupation Research Scientist
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2012

Transaction ID : 35354137

Amount of Each Receipt this Period
500.00

C. Dr. Patrick M. Capone
Full Name (Last, First, Middle Initial)

Mailing Address 125A Medical Cir

City Winchester	State VA	Zip Code 22601-3322
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FEC ID number of contributing federal political committee. **C**

Name of Employer Winchester Neurological Consultants, I	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

Transaction ID : 35354949

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Orly Avitzur		Date of Receipt 10 / 09 / 2012 Transaction ID : 35356263
Mailing Address 815 Old Sleepy Hollow Rd Extension		Amount of Each Receipt this Period 500.00
City Briarcliff	State NY	Zip Code 10510-2543
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Timothy A. Pedley		Date of Receipt 10 / 05 / 2012 Transaction ID : 35372302
Mailing Address 55 Grace Church St.		Amount of Each Receipt this Period 100.00
City Rye	State NY	Zip Code 10580
FEC ID number of contributing federal political committee. C	Name of Employer Columbia University	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven J. Holtz		Date of Receipt 10 / 06 / 2012 Transaction ID : 35372303
Mailing Address 6970 Broadway Terrace		Amount of Each Receipt this Period 300.00
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C	Name of Employer John Muir Physical Ntwk	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

A. Dr. Todd J. Janus
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Muskogee Avenue
 City State Zip Code
 Des Moines IA 50312-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Health Physicians Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : 35372306
 Amount of Each Receipt this Period
 1000.00

B. Dr. Patrick J. Hogan III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 S 19th St Ste 200
 City State Zip Code
 Tacoma WA 98405-2961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2012
Transaction ID : 35377554
 Amount of Each Receipt this Period
 500.00

C. Dr. Eric P. Gierke
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 NW 199 Street
 City State Zip Code
 Shoreline WA 98177-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Everett Clinic Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2012
Transaction ID : 35377556
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. John R. Huddlestone
Full Name (Last, First, Middle Initial)

Mailing Address 915 6th Ave Ste 2

City Tacoma State WA Zip Code 98405-4682

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

Name of Employer Multi Care Neurological Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 14 / 2012
Transaction ID : 35377571

Amount of Each Receipt this Period
500.00

B. Dr. Ashish M. Trivedi
Full Name (Last, First, Middle Initial)

Mailing Address 9265 Points Dr NE

City Clyde Hill State WA Zip Code 98004

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

Name of Employer Northwest Neurology and Electro Diag C Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 14 / 2012
Transaction ID : 35377579

Amount of Each Receipt this Period
1000.00

C. Dr. Joseph A. Tornabene
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Millerdale Avenue

City Wenatchee State WA Zip Code 98801

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

Name of Employer Wenatchee Valley Med Ctr. Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 14 / 2012
Transaction ID : 35377581

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David G. Vossler
Full Name (Last, First, Middle Initial)

Mailing Address 4764 155th PL SE

City Bellevue State WA Zip Code 98006-3283

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

Name of Employer UW Medicine | Valley Medical Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2012
Transaction ID : 35377585

Amount of Each Receipt this Period 250.00

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

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35393555

Amount of Each Receipt this Period 150.00

C. Dr. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35393557

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 484.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial) A. Dr. William S. Gilmer		Date of Receipt 10 / 15 / 2012 Transaction ID : 35393563
Mailing Address 2323 Dunstan Rd		Amount of Each Receipt this Period 170.00
City Houston	State TX	Zip Code 77005-2613
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) B. Dr. Elaine C. Jones		Date of Receipt 10 / 15 / 2012 Transaction ID : 35393566
Mailing Address PO Box 603253		Amount of Each Receipt this Period 250.00
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven L. Lewis		Date of Receipt 10 / 15 / 2012 Transaction ID : 35393573
Mailing Address 1725 W Harrison St Ste 1106		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60612-3845
FEC ID number of contributing federal political committee. C		
Name of Employer Rush Univ. Med. Ctr.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

A. Dr. Nancy L. Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Palisade Ave
 City Englewood Cliffs State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35393580
 Amount of Each Receipt this Period 500.00

B. Dr. Daniel C. Potts
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Covey Chase
 City Tuscaloosa State AL Zip Code 35406-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AL Neurology and Sleep Medicine, P.C. Occupation Physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35393587
 Amount of Each Receipt this Period 100.00

C. Dr. Dariush Saghafi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2741 Belgrave Rd
 City Pepper Pike State OH Zip Code 44124-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parma Neurology Occupation Neurologist
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35393590
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Brookview Ave
 City State Zip Code
 Fairfield CT 06825-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Neurologists of So. Ct. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35393598
 Amount of Each Receipt this Period
 500.00

B. Dr. Steven J. Zuckerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Hidden Lake Court
 City State Zip Code
 Baton Rouge LA 70810-4356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35393603
 Amount of Each Receipt this Period
 500.00

C. Dr. R. Clinton Horan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4765 E Woodsedge Rd
 City State Zip Code
 Fayetteville AR 72701-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Arkansas Neuroscience Instit Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35398668
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Nicholas L. Schlageter
 Full Name (Last, First, Middle Initial)
 Mailing Address 6N169 Woodview Ct
 City Saint Charles State IL Zip Code 60175-6266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri-City Neurology, SC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2012
Transaction ID : 35398688
 Amount of Each Receipt this Period 1000.00

B. Dr. Selena Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Colby Street Suite 305
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2012
Transaction ID : 35398691
 Amount of Each Receipt this Period 500.00

C. Dr. Stephen R. Hempelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 13760 N 93rd Ave Ste 101
 City Peoria State AZ Zip Code 85381-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arizona Medical Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2012
Transaction ID : 35399034
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Michael Hutchinson
Full Name (Last, First, Middle Initial)
Mailing Address 530 1st Ave # 5A

City New York	State NY	Zip Code 10016-6402
------------------	-------------	------------------------

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

Name of Employer NYU Langone Med. Center	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : 35404703

Amount of Each Receipt this Period
1000.00

B. Dr. Vernon D. Rowe
Full Name (Last, First, Middle Initial)
Mailing Address 8550 Marshall Dr Ste 100

City Lenexa	State KS	Zip Code 66214-9836
----------------	-------------	------------------------

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

Name of Employer Rowe Neurology Institute	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2012

Transaction ID : 35449855

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$500.00

C. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)
Mailing Address 2323 Dunstan Rd

City Houston	State TX	Zip Code 77005-2613
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : 35449856

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$85.00 This changes the YTD Total to \$765.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	16004.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC

Mailing Address PO Box 7255

City State Zip Code
Des Moines IA 50309

Purpose of Disbursement
Leadership PAC Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : 35320036

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Frank Pallone Jr.

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2012

Transaction ID : 35337148

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Pete Stark

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 35356451

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Angus King For Us Senate Campaign

Mailing Address 135 Maine Street
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Mr. Angus King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : 35356455

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Kreitlow For Congress

Mailing Address 333 E Prairie View Road

City Chippewa Falls State WI Zip Code 54729

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Mr. Patrick Kreitlow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : 35397718

Amount of Each Disbursement this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Duckworth For Congress

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Ms. L. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : 35397720

Amount of Each Disbursement this Period

500.00

Campaign Contribution

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

1750.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Doherty For Congress

Mailing Address PO Box 6251

City Providence State RI Zip Code 02940

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name

Mr. Brendan Doherty

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

/ /

Transaction ID : 35404598

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Dr. Vernon D. Rowe

Mailing Address 8550 Marshall Dr Ste 100

City Lenexa State KS Zip Code 66214-9836

Purpose of Disbursement
Refund of contribution made on 9/29/2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 35356114

Amount of Each Disbursement this Period

Refund of contribution made on 9/29/2012

Full Name (Last, First, Middle Initial)

B. Dr. William S. Gilmer

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

Purpose of Disbursement
Refund of contribution made on 9/15/2012, reported on the Oct. 20 FEC report

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 35446237

Amount of Each Disbursement this Period

Refund of contribution made on 9/15/2012, reported on the Oct. 20 FEC report.

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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