

**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"/>	<input type="text" value="155948.02"/>	<input type="text" value="155948.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79465.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34839.00"/>	<input type="text" value="267365.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="114304.02"/>	<input type="text" value="423313.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="320509.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102804.02"/>	<input type="text" value="102804.02"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

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).....	14629.00	174637.00
(ii) Unitemized	20210.00	80304.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34839.00	254941.00
(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)	34839.00	254941.00
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))..... ▶	34839.00	267365.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34839.00	267365.21

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.....	11500.00	314900.00
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	0.00	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)).....	0.00	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)) ..	11500.00	320509.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	320509.21

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)	34839.00	254941.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2085.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34839.00	252856.00
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 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. David N. McCollum
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Brackish Place
 City Ocean Springs State MS Zip Code 39564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Singing River Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2012
Transaction ID : 35406544
 Amount of Each Receipt this Period 200.00

B. Dr. Lalitha Sivaswamy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Beaubien Blvd.
 Pediatric Neurology-3rd Floor-Main
 City Detroit State MI Zip Code 48201-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Detroit Medical Center Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 19 / 2012
Transaction ID : 35411864
 Amount of Each Receipt this Period 200.00

C. Dr. Thomas A. Ala
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Long Bay Dr
 City Springfield State IL Zip Code 62712-5530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Illinois University - School Occupation Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2012
Transaction ID : 35411866
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 7 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dr. Austin J. Sumner
Full Name (Last, First, Middle Initial)

Mailing Address 625 Saint Charles Ave Apt 11A

City New Orleans	State LA	Zip Code 70130-3430
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FEC ID number of contributing federal political committee. **C**

Name of Employer LSU Health Sci Ctr/Dept of Neurology	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	/	25	/	2012

Transaction ID : 35453492

Amount of Each Receipt this Period
1000.00

B. Dr. John C. Mazziotta
Full Name (Last, First, Middle Initial)

Mailing Address 660 Charles E Young Dr S

City Los Angeles	State CA	Zip Code 90095-8347
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FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA School of Medicine	Occupation Neurologist
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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	/	25	/	2012

Transaction ID : 35453502

Amount of Each Receipt this Period
1000.00

c. Dr. Lancelot O. Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 427 Via Del Rey

City Monterey	State CA	Zip Code 93940
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
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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	/	26	/	2012

Transaction ID : 35457710

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 8 OF 26
	<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. Mehdi M. Meratee
 Full Name (Last, First, Middle Initial)
 Mailing Address 28212 Kelly Johnson Pkwy Ste 235
 Southern California Neurological C
 City Valencia State CA Zip Code 91355-5091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer So California Neurologic Center Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 35465409
 Amount of Each Receipt this Period
100.00

B. Dr. Edward F. Good
 Full Name (Last, First, Middle Initial)
 Mailing Address 4737 Banning Dr
 City Houston State TX Zip Code 77027
 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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 35465475
 Amount of Each Receipt this Period
200.00

C. Dr. Mahesh D. Chhabria
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Parkinson's Road
 City East Stroudsburg State PA Zip Code 18301-8087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Associates of Monroe County Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 35465480
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....	425.00
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 9 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory L. Barkley		Date of Receipt 10 / 29 / 2012 Transaction ID : 35465596
Mailing Address 2890 Burlington St		Amount of Each Receipt this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-1435
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Madeleine Geraghty		Date of Receipt 10 / 29 / 2012 Transaction ID : 35465605
Mailing Address 1803 E Westminster Ln		Amount of Each Receipt this Period 100.00
City Spokane	State WA	Zip Code 99223-8406
FEC ID number of contributing federal political committee. C		
Name of Employer Providence Stroke and TIA Clinic	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dr. Todd J. Janus		Date of Receipt 10 / 29 / 2012 Transaction ID : 35465607
Mailing Address 4008 Muskogee Avenue		Amount of Each Receipt this Period 100.00
City Des Moines	State IA	Zip Code 50312-4627
FEC ID number of contributing federal political committee. C		
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 26
	<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. Jerome Lisk
Full Name (Last, First, Middle Initial)
Mailing Address 65 N Madison Ave Ste 410

City Pasadena	State CA	Zip Code 91101-2049
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FEC ID number of contributing federal political committee. **C**

Name of Employer Southern California Mvmnt Dis	Occupation Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : 35465609

Amount of Each Receipt this Period
100.00

B. Dr. Gregory T. Pupillo
Full Name (Last, First, Middle Initial)
Mailing Address 225 9th Street S,

City La Crosse	State WI	Zip Code 54601-4145
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FEC ID number of contributing federal political committee. **C**

Name of Employer Franciscan-Skemp Healthcare	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : 35465611

Amount of Each Receipt this Period
45.00

C. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)
Mailing Address 1199 Sennebec Rd

City Union	State ME	Zip Code 04862-4628
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FEC ID number of contributing federal political committee. **C**

Name of Employer Penobscot Bay Medical Center	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : 35465616

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647
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FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown University Hospital	Occupation Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : 35465620

Amount of Each Receipt this Period

50.00

B. Dr. Thomas Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Prospect Dr
Address 3

City Missoula	State MT	Zip Code 59808-8608
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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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : 35465622

Amount of Each Receipt this Period

400.00

C. Dr. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 11 Bellwether Way
Suite 210

City Bellingham	State WA	Zip Code 98229-2574
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Neurology	Occupation Physician
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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	/	29	/	2012

Transaction ID : 35465624

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 12 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Mark S. Corazza
Full Name (Last, First, Middle Initial)

Mailing Address 2431 Castillo St

City Santa Barbara State CA Zip Code 93105-4301

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 ▼ 1000.00

Date of Receipt
10 / 29 / 2012
Transaction ID : 35465681

Amount of Each Receipt this Period
1000.00

B. Ms. Debbie Moschonas
Full Name (Last, First, Middle Initial)

Mailing Address 8113 E Del Cuarzo Dr

City Scottsdale State AZ Zip Code 85258-2254

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

Name of Employer Four Peaks Neurology Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 31 / 2012
Transaction ID : 35466799

Amount of Each Receipt this Period
300.00

C. Dr. John R. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 928 Mapleton Ave

City Oak Park State IL Zip Code 60302

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 ▼ 1200.00

Date of Receipt
10 / 31 / 2012
Transaction ID : 35466983

Amount of Each Receipt this Period
1200.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<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. Dara G. Jamieson
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 E 72nd St Ofc 400
 City New York State NY Zip Code 10021-4635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weill Cornell Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 35466991
 Amount of Each Receipt this Period
 1000.00

B. Dr. Gustavo C. Roman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6560 Fannin Street, Suite 802
 Methodist Neurological Institute
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Houston TX Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 35466995
 Amount of Each Receipt this Period
 500.00

C. Dr. Richard Earl Popwell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 E. Fieldview Circle
 City Bozeman State MT Zip Code 59715-7180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Deaconess Health Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 35466999
 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: PAGE 14 OF 26
(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. Marvin H. Rorick
 Full Name (Last, First, Middle Initial)
 Mailing Address 10550 Montgomery Rd Ste 33
 City State Zip Code
 Cincinnati OH 45242-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Riverhills Healthcare Corp Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 35467981
 Amount of Each Receipt this Period
 550.00

B. Dr. Bridglal Ramkissoon
 Full Name (Last, First, Middle Initial)
 Mailing Address 6801 Highway US 27 North
 SUITE A-3
 City State Zip Code
 Sebring FL 33870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neurology Associates 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 / 31 / 2012
Transaction ID : 35467998
 Amount of Each Receipt this Period
 500.00

C. Dr. David C. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2022 Summit Avenue
 City State Zip Code
 Saint Paul MN 55105-1460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Minnesota Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 35469291
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
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 15 OF 26
(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. Diane E. Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 2160 East Pass Rd
 City State Zip Code
 Gulfport MS 39507-3809
 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 M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : 35469295
 Amount of Each Receipt this Period
 100.00

B. Dr. John W. Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9420 SE 54th Street
 City State Zip Code
 Mercer Island WA 98040-5121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swedish Neuroscience Institute 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
 11 / 02 / 2012
Transaction ID : 35470203
 Amount of Each Receipt this Period
 250.00

C. Dr. Frederick E. Munschauer III
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Boston Post Rd
 City State Zip Code
 Weston MA 02493-2525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baird MS Research Center 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
 11 / 02 / 2012
Transaction ID : 35470214
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
	<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. Deborah L. Carver		Date of Receipt MM / DD / YYYY 11 / 02 / 2012 Transaction ID : 35470358
Mailing Address 14203 Melrose Circle		Amount of Each Receipt this Period 250.00
City Helotes	State TX	Zip Code 78023-4614
FEC ID number of contributing federal political committee. C	Name of Employer Neurology Mgmt. Services	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William J. Hamilton		Date of Receipt MM / DD / YYYY 11 / 02 / 2012 Transaction ID : 35470361
Mailing Address 3910 McGregor Ct		Amount of Each Receipt this Period 100.00
City Mobile	State AL	Zip Code 36608-1809
FEC ID number of contributing federal political committee. C	Name of Employer Volunteer	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael L. Goldstein		Date of Receipt MM / DD / YYYY 11 / 05 / 2012 Transaction ID : 35471903
Mailing Address 1151 E 3900 S		Amount of Each Receipt this Period 500.00
City Salt Lake City	State UT	Zip Code 84124-1216
FEC ID number of contributing federal political committee. C	Name of Employer Western Neurological Associates, P.C.	Occupation Physician
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).....▶	850.00
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 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Yung K. Kho
Full Name (Last, First, Middle Initial)
Mailing Address 3267 New Hope Rd
City Grants Pass State OR Zip Code 97527
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 11 / 05 / 2012
Transaction ID : 35471968
Amount of Each Receipt this Period 500.00

B. Dr. Janelle L. Cooper
Full Name (Last, First, Middle Initial)
Mailing Address East Building Mail Stop EB3-002
City La Crosse State WI Zip Code 54601-5467
FEC ID number of contributing federal political committee. **C**
Name of Employer Gundersen Lutheran Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2012
Transaction ID : 35489983
Amount of Each Receipt this Period 250.00

C. Dr. David N. McCollum
Full Name (Last, First, Middle Initial)
Mailing Address 125 Brackish Place
City Ocean Springs State MS Zip Code 39564
FEC ID number of contributing federal political committee. **C**
Name of Employer Singing River Hospital Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 35493121
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 26
	(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. Richard G. Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 3583 Dumbarton Rd NW

City Atlanta State GA Zip Code 30327-2613

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 35493260

Amount of Each Receipt this Period
 100.00

B. Dr. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)

Mailing Address 2 Clearview Dr

City Danville State PA Zip Code 17821

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

Name of Employer Geisinger Health system Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 35505190

Amount of Each Receipt this Period
 100.00

C. Dr. John F. Kurtzke
Full Name (Last, First, Middle Initial)

Mailing Address 7509 Salem Rd

City Falls Church State VA Zip Code 22043-3240

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

Name of Employer Uniformed Services University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 35505194

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 19 OF 26
	<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. James J. Corbett		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2012 Transaction ID : 35505195
Mailing Address 1402 Bay Vista Drive		Amount of Each Receipt this Period 100.00
City Brandon	State MS	Zip Code 39047-8654
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of MS Med Ctr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : 35506118
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 150.00
City Twinsburg	State OH	Zip Code 44087
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) C. Dr. Glen R. Finney		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : 35506120
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 84.00
City Gainesville	State FL	Zip Code 32606-9180
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

SUBTOTAL of Receipts This Page (optional).....▶	334.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : 35506122

Amount of Each Receipt this Period
 850.00

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

Mailing Address 1725 W Harrison St Ste 1106

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : 35506124

Amount of Each Receipt this Period
 100.00

C. Dr. Uma Menon
Full Name (Last, First, Middle Initial)

Mailing Address 925 Common St Apt 1000

City New Orleans State LA Zip Code 70112-2316

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

Name of Employer Tulane University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : 35506126

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	205.00
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 21 OF 26
	<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. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670

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 ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : 35506128

Amount of Each Receipt this Period
 500.00

B. Dr. Amie L. Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 3846 SE Alder St

City Portland State OR Zip Code 97214-3226

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

Name of Employer Portland VA / OHSO Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : 35506130

Amount of Each Receipt this Period
 20.00

C. Dr. Daniel C. Potts
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

Name of Employer AL Neurology and Sleep Medicine, P.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : 35506132

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Dariush Saghafi		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : 35506136
Mailing Address 2741 Belgrave Rd		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Dr. Dario M. Zagar		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : 35506140
Mailing Address 127 Brookview Ave		Amount of Each Receipt this Period 50.00
City Fairfield	State CT	Zip Code 06825-1867
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Neurologists of So. Ct.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Dr. Elizabeth Minto		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 Transaction ID : 35507065
Mailing Address 553 N. Mobile Street		Amount of Each Receipt this Period 250.00
City Fairhope	State AL	Zip Code 36532
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology: Child and Adult, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 23 OF 26
	<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. Brian A. Trimble
Full Name (Last, First, Middle Initial)

Mailing Address 4320 Diplomacy Dr Suite 2800

City Anchorage State AK Zip Code 99508-5926

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

Name of Employer Alaska Native Medical Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **11 / 12 / 2012**

Transaction ID : 35507285

Amount of Each Receipt this Period **100.00**

B. Dr. Patrick J. Lavin
Full Name (Last, First, Middle Initial)

Mailing Address A-0118 MEDICAL CENTER NORTH 1161 2 AVENUE SOUTH

City Nashville State TN Zip Code 37232-2551

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

Name of Employer Dept of Neuro/VUMC Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 19 / 2012**

Transaction ID : 35520461

Amount of Each Receipt this Period **100.00**

C. Dr. Yung K. Kho
Full Name (Last, First, Middle Initial)

Mailing Address 3267 New Hope Rd

City Grants Pass State OR Zip Code 97527

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 ▼ **600.00**

Date of Receipt **11 / 26 / 2012**

Transaction ID : 35525007

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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 24 OF 26
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

A. Full Name (Last, First, Middle Initial)
Dr. Deborah Hirtz

Mailing Address 15 Hesketh St

City Chevy Chase State MD Zip Code 20815-4224

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

Name of Employer NIH/NINDS Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : 35546321

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	14629.00

**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. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
Campaign Contribution

Candidate Name

Mr. Dennis Heck

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

Transaction ID : 35466771

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Campaign Contribution

Candidate Name

Sen. Robert P. Casey Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

Transaction ID : 35466772

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Campaign Contribution

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2012			

Transaction ID : 35489981

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bera for Congress Every Vote Counts Fund

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Recount Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2012			

Transaction ID : 35504691

Amount of Each Disbursement this Period

2500.00

Recount Contribution

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Runoff Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Runoff2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2012			

Transaction ID : 35504706

Amount of Each Disbursement this Period

2500.00

Runoff Campaign Contribution

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

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

5000.00

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

11500.00
