

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) 401 C St NE
Washington DC 20002
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00435933

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 10 / 27 / 2014 in the State of MN
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 / 27 / 2014

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)

Page 2

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		116379.00
(b) Cash on Hand at Beginning of Reporting Period.....	42639.56	
(c) Total Receipts (from Line 19)	13205.84	245985.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55845.40	362364.40
7. Total Disbursements (from Line 31).....	2700.00	309219.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53145.40	53145.40
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 / 2014 To: 10 / 15 / 2014

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).....	8700.84	168731.72
(ii) Unitemized	4505.00	71253.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13205.84	239985.40
(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)	13205.84	239985.40
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	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13205.84	245985.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13205.84	245985.40

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.....	2600.00	307850.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	1369.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	1369.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2700.00	309219.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2700.00	309219.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13205.84	239985.40
34. Total Contribution Refunds (from Line 28(d))	100.00	1369.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13105.84	238616.40
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 17
	<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. Robert A. Gross
Full Name (Last, First, Middle Initial)

Mailing Address 44 Split Rock Rd

City Pittsford State NY Zip Code 14534-1852

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

Name of Employer University of Rochester Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : 37546793

Amount of Each Receipt this Period
 600.00

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

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36532-2609

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : 37546845

Amount of Each Receipt this Period
 25.00

C. Dr. Edward S. Haight
Full Name (Last, First, Middle Initial)

Mailing Address 970 South Acadia Rd

City Thibodaux State LA Zip Code 70301-4978

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

Name of Employer Southeast Neuroscience Center of Excel 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 / 01 / 2014

Transaction ID : 37546894

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 17
	<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. Ryan S. Drake
Full Name (Last, First, Middle Initial)

Mailing Address 6621 Knightsbridge Ave., NW

City	State	Zip Code
Canton	OH	44718-3811

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

Name of Employer	Occupation
NeuroCare Center, Inc	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	/	01	/	2014

Transaction ID : 37546901

Amount of Each Receipt this Period
500.00

B. Dr. Eva Henry
Full Name (Last, First, Middle Initial)

Mailing Address 13315 E Tallowood Ct

City	State	Zip Code
Wichita	KS	67230-1709

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

Name of Employer	Occupation
Neurology Specialists	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	/	02	/	2014

Transaction ID : 37559652

Amount of Each Receipt this Period
500.00

C. Dr. Stanley J. Whitney
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Ronds Pointe Dr. West

City	State	Zip Code
Tallahassee	FL	32312-6788

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

Name of Employer	Occupation
Tallahassee Neurology Associates	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

Transaction ID : 37559665

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 17
<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. Steven J. Holtz
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland	State CA	Zip Code 94611-1950
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FEC ID number of contributing federal political committee. **C**

Name of Employer John Muir Physical Ntwk	Occupation Neurologist
---	---------------------------

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	/	03	/	2014

Transaction ID : 37559666

Amount of Each Receipt this Period

100.00

B. Dr. Allison Brashear
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest	Occupation Neurologist
---------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

Transaction ID : 37559667

Amount of Each Receipt this Period

75.00

C. Dr. Allison L. Weathers
Full Name (Last, First, Middle Initial)

Mailing Address 3444 Lake St

City Evanston	State IL	Zip Code 60203-1935
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FEC ID number of contributing federal political committee. **C**

Name of Employer RUMC	Occupation RUMC Neurologist
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

Transaction ID : 37559668

Amount of Each Receipt this Period

57.50

SUBTOTAL of Receipts This Page (optional).....▶	232.50
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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Zia Ahmed
Full Name (Last, First, Middle Initial)

Mailing Address 9425 59th Ave Ste F-7

City Elmhurst State NY Zip Code 11373-5150

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

Name of Employer NYHQ Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 05 / 2014
Transaction ID : **37564695**

Amount of Each Receipt this Period
500.00

B. Dr. Hillary B. Clarke
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Ocean Pkwy # 4N98

City Brooklyn State NY Zip Code 11235-7745

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

Name of Employer Cowey Island Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 07 / 2014
Transaction ID : **37569190**

Amount of Each Receipt this Period
250.00

C. Dr. Donald S. Gervais Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3018

City Houma State LA Zip Code 70361-3018

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

Name of Employer Southeast Neuroscience Center of Excel Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 09 / 2014
Transaction ID : **37581864**

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 17
	<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. Irene E. Bettinger
Full Name (Last, First, Middle Initial)

Mailing Address 121 West 48th St
Apt 1501

City Kansas City State MO Zip Code 64112-3884

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

Name of Employer St Luke's (Kansas City) Neurological C Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 07 / 2014
Transaction ID : 37582095

Amount of Each Receipt this Period
250.00

B. Dr. Rajesh Bhatnagar
Full Name (Last, First, Middle Initial)

Mailing Address 26 W Woods Rd

City Great Neck State NY Zip Code 11020-1220

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

Name of Employer Montefiore Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 07 / 2014
Transaction ID : 37582096

Amount of Each Receipt this Period
500.00

C. Dr. Joel M. Dean
Full Name (Last, First, Middle Initial)

Mailing Address 744 Horizon Ct, Ste 360

City Grand Junction State CO Zip Code 81506-3936

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

Name of Employer Community Health Providers Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 37582441

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: (check only one)	PAGE 11 OF 17
<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. Terrence L. Cascino		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : 37582452
Mailing Address 2931 Stone Park Dr NE		Amount of Each Receipt this Period 50.00
City Rochester	State MN	Zip Code 55906-7722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Mayo Clinic	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Maureen A. Callaghan		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : 37582453
Mailing Address PO Box 6059		Amount of Each Receipt this Period 250.00
City Olympia	State WA	Zip Code 98507-6059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Madigan Army Medical Center / Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Laurence J. Kinsella		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2014 Transaction ID : 37595882
Mailing Address 235 Rosemont Ave		Amount of Each Receipt this Period 25.00
City St. Louis	State MO	Zip Code 63104-2412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer SSM	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶ 325.00
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 17
	<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. James C. Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 12112 Aboite Center Rd
 City State Zip Code
 Fort Wayne IN 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allied Physicians, Inc. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2014
Transaction ID : 37597760
 Amount of Each Receipt this Period
 100.00

B. Dr. Michael R. Yochelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 Commander Drive
 City State Zip Code
 Hyattsville MD 20782-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MedStar National Rehabilitation Hospit Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 37602379
 Amount of Each Receipt this Period
 83.34

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City State Zip Code
 Twinsburg OH 44087-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Children's Hospital and Med. Center of Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1665.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 37602380
 Amount of Each Receipt this Period
 185.00

SUBTOTAL of Receipts This Page (optional).....▶	368.34
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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 715 Kessler Woods Trail

City Dallas State TX Zip Code 75208-5610

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

Name of Employer Texas Neurology Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2014
Transaction ID : 37602381

Amount of Each Receipt this Period 100.00

B. 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 10 / 15 / 2014
Transaction ID : 37602382

Amount of Each Receipt this Period 85.00

C. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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 ▼ 4150.00

Date of Receipt 10 / 15 / 2014
Transaction ID : 37602383

Amount of Each Receipt this Period 415.00

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: PAGE 14 OF 17
(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. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City State Zip Code
 Ann Arbor MI 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Henry Ford Hospital Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 37602384
 Amount of Each Receipt this Period
 100.00

B. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Fairmount Terrace
 City State Zip Code
 Fairfield CT 06825-1758
 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 M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 37602385
 Amount of Each Receipt this Period
 50.00

C. Dr. Ann D. Bass
 Full Name (Last, First, Middle Initial)
 Mailing Address 27254 Ranchland View
 City State Zip Code
 Boerne TX 78006-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 37602729
 Amount of Each Receipt this Period
 250.00

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 15 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. David M. Biondi
Full Name (Last, First, Middle Initial)

Mailing Address 26 Governors Lane

City Princeton State NJ Zip Code 08540-3668

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

Name of Employer Johnson and Johnson Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2014
Transaction ID : 37602732

Amount of Each Receipt this Period 250.00

B. Dr. Mazen M. Dimachkie
Full Name (Last, First, Middle Initial)

Mailing Address 3599 RAINBOW BLVD, MS 2012 PROFESSOR DIRECTOR, NEUROMUSCULAR SECTION

City Kansas City State KS Zip Code 66160-0001

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

Name of Employer The University of Kansas Medical Center Occupation MD- Neurology - Neuromuscular

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2014
Transaction ID : 37603552

Amount of Each Receipt this Period 250.00

C. Dr. Jennifer M. Kwon
Full Name (Last, First, Middle Initial)

Mailing Address 24 Burncoat Way

City Pittsford State NY Zip Code 14534-2216

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

Name of Employer University of Rochester Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2014
Transaction ID : 37611440

Amount of Each Receipt this Period 100.00

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 17
	<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. Full Name (Last, First, Middle Initial)
Dr. Nabi Chowdhury

Mailing Address 207 George St
Apt 221

City Middletown State CT Zip Code 06457-3594

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : 37631622

Amount of Each Receipt this Period
0.00

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

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	8700.84

**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. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Frank Pallone Jr.

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : 37546796

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Rounds For Senate

Mailing Address PO Box 250

City State Zip Code
Pierre SD 57501

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Marion Rounds

Category/
Type

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : 37546797

Amount of Each Disbursement this Period

100.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2600.00

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

2600.00