

**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="2013"/>		127133.00
(b) Cash on Hand at Beginning of Reporting Period.....	156229.00	
(c) Total Receipts (from Line 19)	5194.00	158090.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161423.00	285223.00
7. Total Disbursements (from Line 31).....	41000.00	164800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	120423.00	120423.00
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

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).....	4104.00	116404.00
(ii) Unitemized	1090.00	41686.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5194.00	158090.00
(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)	5194.00	158090.00
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	0.00
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))..... ▶	5194.00	158090.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5194.00	158090.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	41000.00	164500.00
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	300.00
(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	300.00
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)) ..	41000.00	164800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41000.00	164800.00

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)	5194.00	158090.00
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5194.00	157790.00
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 19
	<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. Hector M. Maldonado
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Camino Penasco
 City El Paso State TX Zip Code 79912
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 36045505
 Amount of Each Receipt this Period
 500.00

B. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 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: 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
 05 / 15 / 2013
Transaction ID : 36075790
 Amount of Each Receipt this Period
 100.00

C. 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 ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 36075792
 Amount of Each Receipt this Period
 175.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
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 19
<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. Tara Cook		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : 36075899
Mailing Address 70 Birch Hill Drive		Amount of Each Receipt this Period 50.00
City Joint Base Elmendorf-Rich	State AK	Zip Code 99505
FEC ID number of contributing federal political committee. C	Name of Employer United States Air Force	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. Mr. David A. Evans		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : 36075901
Mailing Address 715 Kessler Woods Trail		Amount of Each Receipt this Period 100.00
City Dallas	State TX	Zip Code 75208
FEC ID number of contributing federal political committee. C	Name of Employer Texas Neurology	Occupation COO
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) C. Dr. Glen R. Finney		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : 36075904
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 ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	234.00
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 19
	<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. William S. Gilmer			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2013 Transaction ID : 36075982
Mailing Address 2323 Dunstan Rd			Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77005-2613	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 425.00
Name of Employer Self		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2013 Transaction ID : 36075986
Mailing Address 1725 W Harrison St Ste 1106			Amount of Each Receipt this Period 150.00
City Chicago	State IL	Zip Code 60612-3845	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.00
Name of Employer Rush Univ. Med. Ctr.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Nancy L. Mueller			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2013 Transaction ID : 36075992
Mailing Address 34 Stonybrook Road			Amount of Each Receipt this Period 415.00
City Tenafly	State NJ	Zip Code 07670	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2075.00
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: (check only one)	PAGE 9 OF 19
<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. 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 ▼ 500.00

Date of Receipt 05 / 15 / 2013
Transaction ID : 36075996

Amount of Each Receipt this Period 100.00

B. Dr. Faisal M. Qazi
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton State CA Zip Code 92833

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

Name of Employer Inland Neurologic Consultants Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 15 / 2013
Transaction ID : 36075999

Amount of Each Receipt this Period 75.00

c. Dr. Dario M. Zagar
Full Name (Last, First, Middle Initial)

Mailing Address 201 Fairmount Terrace

City Fairfield State CT Zip Code 06825

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

Name of Employer Associated Neurologists of So. Ct. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2013
Transaction ID : 36076115

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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 19
	<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. Gregory D. Anselmi		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : 36109959
Mailing Address 100 Highland Ave		Amount of Each Receipt this Period 250.00
City Montclair	State NJ	Zip Code 07042
FEC ID number of contributing federal political committee. C	Name of Employer Hudson Neurosciences PC	Occupation Neurologist
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) B. Dr. Charles C. Flippen II		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : 36109971
Mailing Address 11319 Isleta Street		Amount of Each Receipt this Period 100.00
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C	Name of Employer County of LA/ UCLA	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. David R. Greeley		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : 36109982
Mailing Address 507 S Washington St Ste 101		Amount of Each Receipt this Period 100.00
City Spokane	State WA	Zip Code 99204-2604
FEC ID number of contributing federal political committee. C	Name of Employer Northwest Neurological	Occupation Physician
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).....▶	450.00
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 19
	<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

Full Name (Last, First, Middle Initial) A. Dr. John W. Henson		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : 36109986
Mailing Address 9420 SE 54th Street		Amount of Each Receipt this Period 100.00
City Mercer Island	State WA	Zip Code 98040-5121
FEC ID number of contributing federal political committee. C	Name of Employer Swedish Neuroscience Institute	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Lily Jung Henson		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : 36109991
Mailing Address 9420 SE 54th St		Amount of Each Receipt this Period 200.00
City Mercer Island	State WA	Zip Code 98040-5121
FEC ID number of contributing federal political committee. C	Name of Employer Swedish Neurosci. Institute, Swedish H	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Edgar J. Kenton III		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : 36109999
Mailing Address 2 Clearview Dr		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 19
<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. Bibhuti Mishra
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Potomac Ave NW

City Washington State DC Zip Code 20016-2517

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

Name of Employer Inova Fairfax Hospital Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 29 / 2013**

Transaction ID : 36110001

Amount of Each Receipt this Period **75.00**

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

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 ▼ **225.00**

Date of Receipt **05 / 29 / 2013**

Transaction ID : 36110008

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

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 ▼ **700.00**

Date of Receipt **05 / 29 / 2013**

Transaction ID : 36110016

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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 19
<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 Rush	Occupation 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
05	/	29	/	2013

Transaction ID : 36110021

Amount of Each Receipt this Period

50.00

B. 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
--------------------	-------------	------------------------

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

Name of Employer Northwest Neurology	Occupation 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
05	/	29	/	2013

Transaction ID : 36110165

Amount of Each Receipt this Period

100.00

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	4104.00

**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. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : 36048193

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : 36048194

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Vine PAC

Mailing Address 236 Massachusetts Avenue, NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Leadership PAC contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : 36048195

Amount of Each Disbursement this Period

1000.00

Leadership PAC contribution

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

6000.00

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. The Freedom Project

Mailing Address 631-B Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

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
05 / 09 / 2013

Transaction ID : 36051238

Amount of Each Disbursement this Period

5000.00

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinatti Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. John A. Boehner

Office Sought: House Senate President
State: OH District: 08

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2013

Transaction ID : 36051239

Amount of Each Disbursement this Period

5000.00

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
State: KY District:

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2013

Transaction ID : 36073419

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

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

11500.00

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

Use separate schedule(s)
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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. Johnson For Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2013

Transaction ID : 36073421

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St, Se
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2013

Transaction ID : 36073429

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

William Cassidy

Category/
Type

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 36094613

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

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

7000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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. Searchlight Leadership Fund

Mailing Address 426 C Street NE
Rear Building

City Washington State DC Zip Code 20002

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
05 / 21 / 2013

Transaction ID : 36094614

Amount of Each Disbursement this Period

2500.00

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Morgan H. Griffith

Office Sought: House
 Senate
 President
State: VA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 36094617

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 36094618

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)..... ▶

6000.00

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

Use separate schedule(s)
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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. Michael Grimm For Congress

Mailing Address PO Box 270

City Staten Island State NY Zip Code 10310

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Michael G. Grimm

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 36094622

Amount of Each Disbursement this Period

1000.00

Campaign 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
Campaign Contribution

011

Candidate Name
Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 36094623

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 36095377

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 28 / 2013

Transaction ID : 36108998

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jan D. Schakowsky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 28 / 2013

Transaction ID : 36108999

Amount of Each Disbursement this Period

1000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

6000.00

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

41000.00