

# 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.

American Academy of Neurology BrainPAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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)  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  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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

Office Use Only									
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**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="2014"/>		116379.00
(b) Cash on Hand at Beginning of Reporting Period.....	47899.04	
(c) Total Receipts (from Line 19) .....	20283.34	201822.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68182.38	318201.38
7. Total Disbursements (from Line 31).....	35000.00	285019.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33182.38	33182.38
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  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).....	14463.34	136849.70
(ii) Unitemized .....	5820.00	58972.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20283.34	195822.38
(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) .....	20283.34	195822.38
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))..... ▶	20283.34	201822.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20283.34	201822.38

**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.....	34000.00	283750.00
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 .....	1000.00	1269.00
(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)).....	1000.00	1269.00
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)) ..	35000.00	285019.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	285019.00

**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) .....	20283.34	195822.38
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1269.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19283.34	194553.38
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 31
	<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. Stanley J. Whitney**  
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee State FL Zip Code 32312-6788

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

Name of Employer Tallahassee Neurology Associates Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2014

**Transaction ID : 37307602**

Amount of Each Receipt this Period 50.00

**B. Dr. Steven J. Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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 ▼ 500.00

Date of Receipt 07 / 03 / 2014

**Transaction ID : 37307603**

Amount of Each Receipt this Period 100.00

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

Mailing Address 208 Hadley Ct

City Winston Salem State NC Zip Code 27106-4489

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 ▼ 375.00

Date of Receipt 07 / 03 / 2014

**Transaction ID : 37307604**

Amount of Each Receipt this Period 75.00

**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 7 OF 31
	<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. Richard E. Bird**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Indian Ln

City Salisbury State MD Zip Code 21801-7015

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

Name of Employer Riverside Neurology Associates PA 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  
 07 / 08 / 2014

**Transaction ID : 37317422**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael C. Graeber**  
Full Name (Last, First, Middle Initial)

Mailing Address 971 Lakeland Dr Ste 560

City Jackson State MS Zip Code 39216-4607

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

Name of Employer Muscle & Nerve, PA 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  
 07 / 08 / 2014

**Transaction ID : 37325413**

Amount of Each Receipt this Period  
 500.00

**c. Dr. Maureen A. Callaghan**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6059

City Olympia State WA Zip Code 98507-6059

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

Name of Employer Madigan Army Medical Center / Self 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  
 07 / 10 / 2014

**Transaction ID : 37334242**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Rd  
 City Fort Wayne State IN Zip Code 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 13 / 2014**  
**Transaction ID : 37343530**  
 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 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 37344510**  
 Amount of Each Receipt this Period **50.00**

**C. Dr. Michael R. Yochelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3919 Commander Drive  
 City Hyattsville State MD Zip Code 20782-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.38**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : 37344513**  
 Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **233.34**  
**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 9 OF 31
	<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. 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 ▼  
1110.00

Date of Receipt  
07 / 15 / 2014  
**Transaction ID : 37344514**

Amount of Each Receipt this Period  
185.00

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

Mailing Address 715 Kessler Woods Trail

City State Zip Code  
Dallas TX 75208-5610

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

Name of Employer Occupation  
Texas Neurology COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
07 / 15 / 2014  
**Transaction ID : 37344515**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2323 Dunstan Rd

City State Zip Code  
Houston TX 77005-2613

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 ▼  
595.00

Date of Receipt  
07 / 15 / 2014  
**Transaction ID : 37344516**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00

**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 31
	<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. 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
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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 ▼  
1169.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

**Transaction ID : 37344517**

Amount of Each Receipt this Period  
167.00

**B. 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 ▼  
2905.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

**Transaction ID : 37344518**

Amount of Each Receipt this Period  
415.00

**C. Dr. Gregory L. Barkley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City Ann Arbor	State MI	Zip Code 48105-1435
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

**Transaction ID : 37344519**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	682.00
<b>TOTAL</b> 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 31
	<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. 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 ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2014

**Transaction ID : 37344520**

Amount of Each Receipt this Period  
50.00

**B. Dr. Joseph Jankovic**  
Full Name (Last, First, Middle Initial)

Mailing Address 6550 Fannin St Ste 1801  
Department of Neurology

City State Zip Code  
Houston TX 77030-2744

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

Name of Employer Occupation  
Baylor College Of Medicine 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  
07 / 15 / 2014

**Transaction ID : 37344571**

Amount of Each Receipt this Period  
500.00

**C. Dr. Jaffar Khan**  
Full Name (Last, First, Middle Initial)

Mailing Address 292 Riverford Way

City State Zip Code  
Lawrenceville GA 30043-6416

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

Name of Employer Occupation  
Emory Clinic Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : 37348257**

Amount of Each Receipt this Period  
112.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	662.00
<b>TOTAL</b> 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 31
	<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. 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : 37355308**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2014

**Transaction ID : 37361680**

Amount of Each Receipt this Period  
 100.00

**C. Dr. Lily Jung Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9420 SE 54th St

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2905.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2014

**Transaction ID : 37361681**

Amount of Each Receipt this Period  
 415.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1515.00

**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 31
	<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. Preston C. Calvert**  
Full Name (Last, First, Middle Initial)

Mailing Address 10112 New London Dr

City Potomac State MD Zip Code 20854-4849

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

Name of Employer Retired Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 37363734**

Amount of Each Receipt this Period 2500.00

**B. Dr. John B. Townsend**  
Full Name (Last, First, Middle Initial)

Mailing Address 774 Christiana Rd Ste 201

City Newark State DE Zip Code 19713-4221

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

Name of Employer Delaware Neuroscience Specialists Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 37363794**

Amount of Each Receipt this Period 1000.00

**C. Dr. Nilay R. Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 W. 66th St Apt. 22J

City New York State NY Zip Code 10023-6558

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 ▼ 2500.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 37365215**

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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. Joseph S. Kass**  
Full Name (Last, First, Middle Initial)

Mailing Address 4903 Valerie

City State Zip Code  
Bellaire TX 77401-5707

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

Name of Employer Occupation  
Baylor College of Medicine Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 23 / 2014  
**Transaction ID : 37365228**

Amount of Each Receipt this Period  
50.00

**B. Dr. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City State Zip Code  
Manlius NY 13104-2369

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

Name of Employer Occupation  
Mmc Medical Center Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 23 / 2014  
**Transaction ID : 37365230**

Amount of Each Receipt this Period  
50.00

**C. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City State Zip Code  
Union ME 04862-4628

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

Name of Employer Occupation  
Penobscot Bay Medical Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
07 / 23 / 2014  
**Transaction ID : 37365231**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 31
	<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. Sarah Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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 ▼ **596.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : 37365232**

Amount of Each Receipt this Period  
**82.00**

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

Mailing Address 4732 Lost Creek Lane

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 ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : 37365233**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : 37371356**

Amount of Each Receipt this Period  
**84.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>266.00</b>
<b>TOTAL</b> 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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael A. Williams</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014
Mailing Address 1029 Pier Pointe Lndg		<b>Transaction ID : 37372289</b>
City Baltimore	State MD	Zip Code 21230-3975
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LifeBridge Health Brain & Spine Instit	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Alireza Minagar</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014
Mailing Address 8040 Captain Dillon Ct		<b>Transaction ID : 37372294</b>
City Shreveport	State LA	Zip Code 71115-4606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.00
Name of Employer LA State University Health Sciences Ct	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David R. Greeley</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014
Mailing Address 610 S Sherman # 201		<b>Transaction ID : 37372295</b>
City Spokane	State WA	Zip Code 99202-1342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1106.00
<b>TOTAL</b> 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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. John David Hixson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1224 3rd Ave  
 City San Francisco State CA Zip Code 94122-2705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSF Occupation Physician  
 Receipt For:  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  
 07 / 27 / 2014  
**Transaction ID : 37372297**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Steven J. Cavalier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Ridgetop Dr  
 City Baton Rouge State LA Zip Code 70809-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baton Rouge Clinic, AMC Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : 37372403**  
 Amount of Each Receipt this Period  
 167.00

**C. Dr. Kenneth J. Villa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4056 Saint James Pl  
 City San Diego State CA Zip Code 92103-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHARP San Diego Health Care Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 668.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : 37372404**  
 Amount of Each Receipt this Period  
 334.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1001.00
<b>TOTAL</b> 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 18 OF 31
	<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. Gregory J. Esper**  
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

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

Name of Employer Emory Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : 37372406**

Amount of Each Receipt this Period  
 56.00

**B. Dr. Jaffar Khan**  
Full Name (Last, First, Middle Initial)

Mailing Address 292 Riverford Way

City Lawrenceville State GA Zip Code 30043-6416

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

Name of Employer Emory Clinic Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : 37372407**

Amount of Each Receipt this Period  
 112.00

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

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton State CA Zip Code 92833-2221

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 ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : 37372408**

Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 253.00

**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 31
	<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. Terrence L. Cascino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2931 Stone Park Dr NE  
 City Rochester State MN Zip Code 55906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2014**  
**Transaction ID : 37381254**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. Elliott G. Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Horseshoe Hill Road  
 City Pound Ridge State NY Zip Code 10576-1636  
 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 **07 / 30 / 2014**  
**Transaction ID : 37382803**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Lawrence R. Whicker Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 Hanover Parkway #201  
 City Greenbelt State MD Zip Code 20854-4543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurological Medicine PA Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : 37386143**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1600.00</b>
<b>TOTAL</b> 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 20 OF 31  
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Michael A. Williams**

Mailing Address 1029 Pier Pointe Lndg

City Baltimore State MD Zip Code 21230-3975

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

Name of Employer LifeBridge Health Brain & Spine Instit 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  
 07 / 28 / 2014

**Transaction ID : 37443494**

Amount of Each Receipt this Period  
0.00

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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14463.34

**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. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Todd Young**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

**Transaction ID : 37325976**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Johnson For Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

**Rep. Bill Johnson**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

**Transaction ID : 37325978**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

**Transaction ID : 37325979**

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)..... ▶

4500.00

**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) <b>A. David Scott For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address P.O. Box 960821		<b>Transaction ID : 37325980</b>
City Riverdale	State GA	
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. David Albert Scott</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Campaign Contribution
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: GA District: 13	

Full Name (Last, First, Middle Initial) <b>B. Lee Terry For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address PO Box 540098		<b>Transaction ID : 37325983</b>
City Omaha	State NE	
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Lee Terry</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Campaign Contribution
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NE District: 02	

Full Name (Last, First, Middle Initial) <b>C. Jim Renacci For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address 150 Smokerise Drive		<b>Transaction ID : 37325985</b>
City Wadsworth	State OH	
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. James B. Renacci</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Campaign Contribution
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: OH District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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. Wenstrup For Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Campaign Contribution Funds Reported On July 20 Monthly

011

Candidate Name

**Rep. Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37343850**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

Campaign Contribution Funds Reported On July 20 Monthly

Full Name (Last, First, Middle Initial)

**B. Wenstrup For Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Campaign Contribution Re-designated funds for trans. dated 6/10/2014

011

Candidate Name

**Rep. Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

**Transaction ID : 37343851**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

Campaign Contribution Re-designated funds for trans. dated 6/10/2014

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345250**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

1000.00

**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. Becerra For Congress**

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Xavier Becerra**

Office Sought:  House  
 Senate  
 President  
State: CA District: 34

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345256**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Richmond For Congress**

Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Cedric Richmond**

Office Sought:  House  
 Senate  
 President  
State: LA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345260**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Moran For Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Jerry Moran**

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345266**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

3000.00



**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. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Keith Ellison**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345269**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Richard E. Neal**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345275**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Pat Roberts For Us Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Sen. Pat Roberts**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345276**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

3000.00

**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. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Terri A. Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2014

**Transaction ID : 37345278**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Diane Black**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

**Transaction ID : 37369645**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Tom Reed**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

**Transaction ID : 37369647**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

**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. Mchenry For Congress**

Mailing Address PO Box 1406

City State Zip Code  
Hickory NC 28603

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

**Transaction ID : 37369648**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2014

**Transaction ID : 37382466**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Cain For Congress**

Mailing Address P.O. Box 1523

City State Zip Code  
Bangor ME 04402

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Emily Cain**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2014

**Transaction ID : 37382468**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

**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. Pascrell For Congress**

Mailing Address P.O. Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. William J. Pascrell Jr.**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : 37382469**

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Engel For Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : 37382470**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Steve Scalise**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : 37382471**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

4000.00

**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. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : 37382472**

Amount of Each Disbursement this Period

1000.00

Campaign 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

011

Candidate Name

**Rep. Morgan H. Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : 37382474**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2014

**Transaction ID : 37382476**

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)  
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. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Edwin Perlmutter**

Office Sought:  House  Senate  President  
State: CO District: 07  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2014

**Transaction ID : 37382478**

Amount of Each Disbursement this Period

2500.00
---------

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2500.00
---------

34000.00
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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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Dr. Michael A. Williams**

Mailing Address 1029 Pier Pointe Lndg

City Baltimore State MD Zip Code 21230-3975

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : 37382464

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1000.00

1000.00