FEC AI	EPORT OF REC ND DISBURSE		RECEIVI FEC MAIL CI D7 JUL 23 AM	
1. NAME OF TYP COMMITTEE (in full)		ample: If typing, type	12FĚ4M5	· · · · · · · · · · · · · · · · · · ·
AMERICAN AICA	DEMIYLOFUNE	VIRICILIDIGY	ROFFISIS	
ASSOLA MATTICIA	PAC		<u>╷╷╷╶╷╶╷╶╷</u>	
ADDRESS (number and street)	501 M 57. NW		 	
Check if different than previously reported. (ACC)	NASHINSTIN, DC	20005		
2. FEC IDENTIFICATION NUMB		<u> </u>		
C0043593	3. IS THIS REPORT		AMEND (A)	DED .
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Feb 20 (M2) Report Due On: Mar 20 (M3))] Jun 20 (M6)	Aug 20 (i	M9) Dec 20 (M12) (Non-Election Vear Only) (Non-Election Vear Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G	i) 🗍 Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on		<u>*`*`*`</u>	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	M) / D) / (<u> </u>	in the State of
5. Covering Period	01 2007	through	1 20 1 2	0.0.7
I certify that I have examined this F Type or Print Name of Treasurer	·	wledge and belief it is tru	e, correct and co	mplete.
Signature of Treasurer	mf g El	D	ate 07	15 2007
NOTE: Submission of false, erroneous	s, or incomplete information may s	ubject the person signing th	is Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only			F	FEC FORM 3X Rev. 12/2004

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Γ	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
_	Amenican Acroemy DE Nevra	legy PRESSIMAL ASSOCIATION	PAC
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	,	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		
	(b) Cash on Hand at Beginning of Reporting Period	D	
	(c) Total Receipts (from Line 19)	0	6
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 		
7.	Total Disbursements (from Line 31)		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		Ó
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 ۰.

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Write or Type Committee Name Artsonics Accounting the Period: From: Image: Status Artsonics Accounting the Period: From: Image: Status Accounting the Period: From: Image: Status Accounting the Period: From: Column A Total This Period Column B Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individual/Persons Other Than Polical Committees Column A Total This Period Column A Column B Calendar Year-to-Date (i) Uniterized (ii) Uniterized (iii) Uniterized Column A Column B Calendar Year-to-Date (ii) Uniterized (iii) Uniterized (iiii) Committees (iiii) Column A Column B Calendar Year-to-Date (ii) Uniterized (iiii) Column A Columnitates (iiiii) Column A Columnitates (iiiii) Column A Columnitates (iii) Othical Party Committees (iiiiiiii) Committees (iiii) Contributions (add Lines (iiii) Contributions	Γ	• FEC Form 3X (Rev. 02/2003)	ETAILED SUMMARY PAGE of Receipts	Page 3
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 (ii) Unitemized				
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 (iii) TOTAL (add Lines 11(a)(i) and (ii)		(ii) Unitemized	D	0
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14. Loan Repayments Received		Party Committees	Lange and and	L_r_r_n_r_n_r_n_
14. Loan Repayments Received	10	All Leans Reseived		
 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	13.		Langer and the	L-r-r-r-r-r-r-r-r-r-r-r-r-
 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	14	Loan Benauments Received		
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 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				
to Federal Candidates and Other Political Committees		(Carry Totals to Line 37, page 5)		
Political Committees	16.			
 17. Other Federal Receipts (Dividends, Interest, etc.)				
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 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 	17.	-	0	
(from Schedule H3)	1 8 .			
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12, 13, 14, 15, 16, 17, and 18(c))			Lange and the second of the second of the second se	Langer and
12, 13, 14, 15, 16, 17, and 18(c))				
12, 13, 14, 15, 16, 17, and 18(c))				•
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DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. Disbursements

FEC Form 3X (Rev. 02/2003)

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

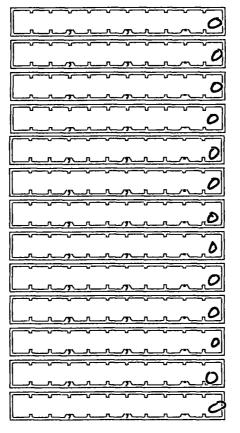
- Operating Expenditures:

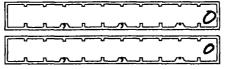
 (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
 (i) Federal Share
 (ii) Non-Federal Share.....
 - (b) Other Federal Operating Expenditures
 (c) Total Operating Expenditures
 - (add 21(a)(i), (a)(ii), and (b))▶
- Transfers to Affiliated/Other Party Committees......
 Contributions to Federal Candidates/Committees and Other Political Committees.......
- 26. Loan Repayments Made.....

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- - (b) Political Party Committees
 (c) Other Political Committees (such as PACs)......
- 29. Other Disbursements
- 30. Federal Election Activity (2 U.S.C. §431(20))
 - (a) Allocated Federal Election Activity
 (from Schedule H6)
 (i) Federal Share
 - (ii) "Levin" Share......(b) Federal Election Activity Paid Entirely
 - (c) Total Federal Election Activity (add ...
 - Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......



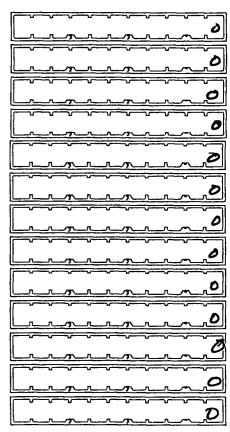


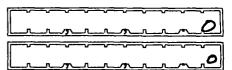
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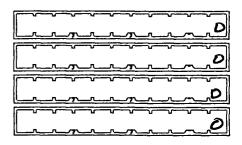
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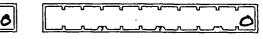
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/ **Operating Expenditures**

COLUMN A **Total This Period**

Page 5

COLUMN B Calendar Year-to-Date

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b)) 🕨
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

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		Use separate schedule(s) for each category of the	(check only one)									
		Detailed Summary Page		11	·	11b		1c 15	-	12 16	17	
	y information copied from such Reports and Stat				n for t	ne pu	rpose	of soli	citing	con	ntribu	tions
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	ddress of any political committee	to	solicit	contri	butions	from	such	con	nmitt	00 .
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	City	State	Zip Code	┥	<u> </u>		<u>[</u>]		<u></u>	<u></u>	<u> </u>
				_	Amo		Each		•			
	FEC ID number of contributing federal political committee.											
	Name of Employer	Occupation		-								
	Receipt For:		Year-to-Date ▼	-								
	Primary General											
	Other (specify)	<u> </u>	<u>mr_r_m_r_n_m_r_</u>				_		_			
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	City	State	Zip Code	┥	ىي_ا	<u></u>] 				
				-	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		<u></u>			<u> </u>	<u>/7</u> 7				<u></u>	ا
	Name of Employer	Occupation	1	1								
		Aggregate	Year-to-Date ▼	-								
	Primary General Other (specify) ▼											
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с.	Full Name (Last, First, Middle Initial)			T	Date	of R	eceipt					
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	Name of Employer Occupation		n	\dashv								
	Receipt For:		Year-to-Date ▼	_								
	Primary General											
_	Other (specify) ▼	<u>L</u>	<u></u>									
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SCHEDULE B (FEC Form 3X)		FC)R I		E NUMBER: PAGE OF									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		neck	only	nly one)									
	Detailed Summary Page			21b 27	22 28a	Н	23 28b	24		25 29	H	26 30b		
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NAME OF COMMITTEE (In Full)	e and address of any politica			0 68	SONCIL COI		mons	nom s						
Amenican Achoeny @ No	In Proting		,	4	•	•	Ĺ	000						
Full Name (Last, First, Middle Initial)	VN0/034 / 100 0351		//	- T 5 <i>5</i> 1	02 14 7	10~		10						
A.					Date of	Dis	burse	ment						
Mailing Address														
City	State Zip Code			-+										
Purpose of Disbursement					Amount	. af i		Diahur		t this i	Joria			
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Senate	Primary General													
State: District:	Other (specify)													
Full Name (Last, First, Middle Initial)				-†	_									
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Purpose of Disbursement	Category/				Amount of Each Disbursement this Per				Perio	d				
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Office Sought: House Disbursen	nent For:	iy	pe		Ľ <u></u> ۲	<u></u>	<u>y</u>		<u>~_^</u>	<u></u> ^	<u>`r</u>	الميي		
	Primary General													
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Candidate Name					Amoun				semen 	t this		Nd		
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	Primary General Other (specify) ▼													
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SUBTOTAL of Disbursements This Page (optional)				•			v—∵⊽ y∩		,					
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SCHEDULE C (FEC Form 3X) LOANS

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Use separate schedule(s)	PAGE	OF	
for each category of the			
Detailed Summary Page	FOR LIN	IE 13 OF FC	RM 3X

NAME OF COMMITTEE (In Full)					
AMENICAN A-MORNY OF NEW logy Prof	EASSIONAL ASSOCIATION PAC				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:				
	Primary				
	General				
Mailing Address	Other (specify)				
City State ZIP Co					
Original Amount of Loan Cumulative Payment To					
TERMS Date Incurred Date Due					
Date Incurred Date Due (האיזידאה) (האיזידאה) (האיזידאה) (האיזידאה) (האיזידאה) (
	% (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
·	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
ב. ו עוו זימוויס (במסג, דויסג, ויוועעוס ווווומו)					
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
היה הימחים (במסו, ו ווסו, ויוונעוס וווונעו)					
Mailing Address	Occupation				
	. ·				
	Amount				
City State ZIP Code	Guaranteed				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	1				
City State ZIP Code	Guaranteed				
	Outstanding:				
SUBTOTALS This Period This Page (optional)	L <u>rrnrnrnr</u>				
TOTALS This Period (last page in this line only)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

S	CHEDULE C-1 (FEC Form 3X)						
		Supplementary for Information found on					
L	DANS AND LINES OF CREDIT FROM LE	Page of Schedule C					
Fee	deral Election Commission, Washington, D.C. 20463						
N/	AME OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER			
	Amenican Acrowny on Nersology Par	of ossimal Association 1		20435933			
	ENDING INSTITUTION (LENDER)		. <u> </u>				
	ull Name	Amount of Loan		Interest Rate (APR)			
М	ailing Address		، ل سي س ا	الممممميا المميعا			
		Date Incurred or Established					
	ity State Zip Code	Bete Due	· [لمبيبينيا القييقا			
	ity State Zip Code	Date Due					
	<u> </u>		· [[]w_;,_w_]				
	A. Has loan been restructured? No Yes	If yes, date originally incurred					
	B. If line of credit,	Total Outstanding					
	Amount of this Draw:	Balance:					
	C. Are other parties secondarily liable for the debt incurre						
		ist be reported on Schedule C.)					
	D. Are any of the following pledged as collateral for the la property, goods, negotiable instruments, certificates of	, -		alue of this collateral?			
	stocks, accounts receivable, cash on deposit, or other						
	No Yes If yes, specify:						
			Does the lend	der have a perfected security			
			interest in it?	No Yes			
	E. Are any future contributions or future receipts of intere		What is the e	stimated value?			
	collateral for the loan? No Yes If yes, s	pecity:					
			<u>L</u>	<u> </u>			
	A depository account must be established pursuant	Location of account:					
	to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:					
	Date account established:	, 100,000.					
		City, State, Zip:					
	F. If neither of the types of collateral described above was	s pledged for this loan or if the a	amount nledge	does not equal or exceed			
	the loan amount, state the basis upon which this loan	was made and the basis on whi	ch it assures	repayment.			
	G. COMMITTEE TREASURER		DATE				
	Typed Name						
	Signature		- ^m - " '				
	H. Attach a signed copy of the loan agreement.						
	I. TO BE SIGNED BY THE LENDING INSTITUTION:						
	 To the best of this institution's knowledge, the ter are accurate as stated above. 	rms of the loan and other inform	ation regardin	g the extension of the loan			
	II. The loan was made on terms and conditions (inc	cluding interest rate) no more fav	orable at the	time than those imposed for			
	similar extensions of credit to other borrowers of	comparable credit worthiness.					
	III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	a ioan must de made on a dasis FR 100.82 and 100.142 in makin	which assure ig this loan.	es repayment, and has			
A	UTHORIZED REPRESENTATIVE		DATE				
	Typed Name		י []	المربعية بمربعا المربعا			
3	Signature	le					
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SCHEDULE D (FEC Form 3X)	Г		PAGE OF
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9
American AcADeny as Ner	MODY PROFESSION 1	ASSOLIATIA	PAC
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
· ·			
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period	·······	<u></u> .	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
. [Langer and a second of the			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outetanding Palance Registring This Paried			
Outstanding Balance Beginning This Period			
Langer grander			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto		Noturo of F	
C. Full Name (Last, First, Middle Initial) of Debit	or Creattor		Debt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Linner	<u></u>		
	<u></u>		
1) SUBTOTALS This Period This Page (optional)			<u></u>
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	ly)▶	_ <u></u>

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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TEMIZED INDEPENDENT EXPENDITURES	PAGE OF
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
AMERICAN ADADAY OF Nornology PRIFESSIONALASS	-477 CDD435933
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Fayee	Date
Mailing Address	
City State Zip Code	
City State Zip Code	
Purpose of Expenditure	Office Sought: House State:
Purpose of Expenditure Category/	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	للمحمد محمد ما / لعمدها / للمحمد ما
Mailing Address	
	Amount
City State Zip Code	
	Lange and the second se
Purpose of Expenditure Category/	Office Sought: House State:
Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Date	
Signature	

CHEDULE F (FEC Form 3X))			
EMIZED COORDINATED PART				
N BEHALF OF CANDIDATES F				PAGE OF
U.S.C. §441a(d)) (To be	e used only	y by Political Committees in the Gene	eral Election)	FOR LINE 25 OF FORM 3X
AME OF COMMITTEE (In Full)	enole.	SV PROESSY OWN ABEDLIATI	m PAC	Check if 24-hour notice
as your committee been designated to make pordinated expenditures by a political party of YES X NO	•	Full Name of Subordinate Committee		
YES, name the designating committee:		Mailing Address		
		City	Sta	te ZIP Code
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Expe	Category/
Mailing Address			Date	Туре
City	State	Zip Code		
Name of Federal Candidate Supported	Office Soug	ht: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate >	<u> </u>	<u></u>		sed Due to Opponent's Spend S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Expe	enditure Category/ Type
			Date	Туре
City	State			
Name of Federal Candidate Supported	Office Soug	ht: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ►	<u>~~~~~</u> ~		Limit Rai ing (2 U.	sed Due to Opponent's Spend S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Exp	enditure
Mailing Address			Date	
City	State			
Aggregate General Election	Office Soug	ht: House State: Senate District: Presidential	Amount	sed Due to Opponent's Spence
Expenditure for this Candidate	onal)	<u></u>		S.C. §441a(i)/441a-1)
TOTAL This Period (last page this line numb	per only)			╾ ┰╶╌┰╌╌ ╱┱╲ <u>╴</u> ┍ ╴╴┺╌╌╱┱╲ <u>╸</u> ┍

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

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P. T.O. H.R. C. D. J. Z.

At Arennan Aranony as Norrology PROFOSSION ASSOCIATION PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%%
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) Manchicas Asnewy IF Neurology Professional A	SOLIMITIN PAC	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.		<u></u>
Methods of allocation:		
I. FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised.	hod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accomb where the federal proportion of disbursements is based on the beneficiary. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal cand nunications or voter drives	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		<u> </u>
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	<u> </u>
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS:	L <u>r_r_ni</u> %	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS:	Kannan %	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
CHECK IF THE RATIO IS:	Karana %	<u>L_r_r_</u> %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS:	<u> </u>	Karnen %
New Revised Same as Previously Reported		

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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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PAGE		
IPAGE	Ur	
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FOR LINE 18a OF FORM 3X

NAME O	F COMMITTEE (In Full) Renime Academy of Neur	alogy frossessmal Ass	DEIATION PAC
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREA	AKDOWN OF TRANSFER RECEIVED		
. (D	Total Administrative		
11)	Generic Voter Drive		Lange and the second se
41)	Exempt Activities		Lange and the second se
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)	
			7
	a)	L_r_r_r_r_r_r_r_r_	
	b)		
	-,		<u>┘</u> ╒ ╴╷╴╷┈╷┈╷┈╷┈╷┈╷┈╷
1	c) Total Amount Transferred For Direct Fundra	aising	
V)	Direct Candidate Support (List Activity or Ev	rent Identifier)	
	a)		
Ì	u)		
	b)		
	c) Total Amount Transferred For Direct Candid	date Support	
vi)	Public Communications Referring Only to	Party (Made by PAC)	L
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	ED
	This Period (Administrative)	<u>L_r_r_r_r_</u>	
	This Period (Generic Voter Drive)		
		سار بار بار بار بار	
TOTAL	This Period (Exempt Activities)		<u> </u>
ļ		<u> </u>	
TOTAL	This Period (Direct Fundraising)		man man man
	This Period (Direct Candidate Support)	<u></u> ا	
TOTAL	This Period (Public Communications Referring	Only to Party)	
TOTAL	This Period (Total Amount Transferred)	·	Langer

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SC	HEDULE H4 (FEC Form 3X)					
-	SBURSEMENTS FOR ALLOCA					PAGE OF
	DERAL/NONFEDERAL ACTIV					FOR LINE 21a OF FORM 3X
	ME OF COMMITTEE (In Full)	, ,	D	1 4	Sociary 1 unit	PAC
<u>/</u>	Full Name (Last, First, Middle Initial)		Y [NFOSS	To A TO	Allocated Activity o	r Event:
A .	Full Marile (Cast, First, Middle Initial)				1	Fundraising Exempt
	Mailing Address				Voter Drive	Direct Candidate Support
	City	State	Zip Code		Public Comm	(ref to party only) by PAC
	Purpose of Disbursement:			[]	Allocated Activity	or Event Year-To-Date
	Activity or Event Identifier:				<u>Larara</u>	<u></u>
				Category/ Type		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= T	OTAL AMOUNT
			<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>
В.	Full Name (Last, First, Middle Initial)				Allocated Activity o	r Event:
					Administrative	Fundraising Exempt
	Mailing Address				Voter Drive	Direct Candidate Support
	City	State	Zip Code			(ref to party only) by PAC
	Purpose of Disbursement:					v or Event Year-To-Date
						<u></u>
	Activity or Event Identifier:			Category/ Type	Date	Level , Lever
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= T	OTAL AMOUNT
			<u></u>	<u></u>		<u></u>
c.	Full Name (Last, First, Middle Initial)				Allocated Activity o	r Event:
					Administrative	Fundraising Exempt
	Mailing Address				Voter Drive	Direct Candidate Support
	City	State	Zip Code		Public Comm	(ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity	or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= T	OTAL AMOUNT
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>······</u> ······························		<u>~~~~~~~~~~~~~~</u>
SI	JBTOTAL of Allocated Federal and NonFedera	Activity This	Page			
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= т	OTAL AMOUNT
			<u> </u>	<u> </u>		
т	TAL This Period (last page for each line only)	(Federal sha	re to 21(a)(i) and	NonFederal sh	are to 21(a)(ii))	
	FEDERAL SHARE	،	NONFEDERAL	SHARE	T 	
				<u></u>		<u></u>

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## SCHEDULE H5 (FEC Form 3X)

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# TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by Sta	ate, District and Local	Party Committees	s Only)		FOR LINE 18b OF FORM 3X
	Arnowy of N		ansimal A	لسرويدا عندة	Pac
NAME OF ACCOUN	NT	DATE OF RECEIPT	المحميمينيا		
BREAKDOWN OF	THIS TRANSFER				
	Registration	Registration	VOTER REGISTR 	ATION 	
ii) Voter I Total A	ID Amount Transferred for Voter	ID		DTER ID <u></u>	
III) GOTV Total A	Mount Transferred for GOTV	ı		<u>GOTV</u> ۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
	ic Campaign Activity Amount Transferred for Gener	ic Campaign Activity			
NAME OF ACCOUN	vт				
BREAKDOWN OF	THIS TRANSFER	L			
	Registration Amount Transferred for Voter	Registration	VOTER REGISTR 		
ii) Voter Total A	ID Arnount Transferred for Voter	ID	۷ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰	OTER ID <u>~~~~~~~~~~~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~	
lii) GOTV Total A	Amount Transferred for GOTV	/		GOTV ۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
	ric Campaign Activity Amount Transferred for Gener	ric Campaign Activity		<u>GENERIC CAM</u> 	
	TOTALS FOR BRI	EAKDOWN OF TRANS	FER RECEIVED (L	ast Page Only)	
TOTAL This I	Period (Voter Registration)		<u></u>		
TOTAL This F	Period (Voter ID)			<u></u>	
TOTAL This I	Period (GOTV)			<u></u>	
TOTAL This I	Period (Generic Campaign Ac	xtivity)		<u></u>	
TOTAL This I	Period (Total Amount of Trans	sfers Received)		······	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY (To be used by State, District and Local Party Committees Only)	PAGE OF FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (In Full)	PAC
American A-nomy of Neurology Professional Assoc	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	e of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
Purpose of Disbursement Category/ Type	
FEDERAL SHARE + LEVIN SHARE =	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	be of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
Purpose of Disbursement Category/ Type	
FEDERAL SHARE     +     LEVIN SHARE     =	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	be of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaigr
City State Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement Category/ Type Da	
Lannan Lannan	Linnan
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE =	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a) FEDERAL SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share	

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FEC Schedule H6 (Form 3X) Rev. 02/2003

# SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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	E OF COMMITTEE (In Full) Menuar Barony DE Nes	inslayy Instant Assoc	insion PAC
NAM	E OF ACCOUNT	· · · · · · · · · · · · · · · · · · ·	
<b></b>		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.			
3.	(Add Lines 1c and 2)	6	Linna
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6. 	(Add Lines 4e and 5)	L <u>nnnnn</u>	<u> </u>
7.	BEGINNING CASH ON HAND		
8.	RECEIPTS		
9.	SUBTOTAL		
10.	DISBURSEMENTS (From Line 6)		
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

# SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE

FOR	LINE	NUM	BER:	۱.
(checi	k only	one)		1a

PAGE

OF

2

Ar or	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\mathbb{N}$	NAME OF COMMITTEE (In Full)	
Ľ	American ADADERY OF NEURology ProFessional ABSO	
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	
	City State Zip Code Name of Employer or Principal Place of Business	Amount of Each Receipt this Period
В.	Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business Occupation	Aggregate Year-to-Date
<u></u> С.		
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code Name of Employer or Principal Place of Business	
	Occupation	Aggregate Year-to-Date
 D.		
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	
	Name of Employer or Principal Place of Business	Aggregate Year-to-Date
	Occupation	
5	SUBTOTAL of Receipts This Page (optional)	
,	rotal This Period (last page this line number only)	

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## SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER (check only one)

ER:	PAG	E		OF	
B	4a 4b		4c 4d	Ľ	]5

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) A Manuar ALADOMY OF Neurology Professional Association PBC		
А.	Full Name (Last, First, Middle Initial) / Full Organization Name	
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	Langeran
<u> </u>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	Lannan
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	Lennen
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
_	Purpose of Disbursement	
SUBTOTAL of Disbursements This Page (optional)		
T	OTAL This Period (last page this line number only)	

### Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **JSPS Registered/Certified** Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked USPS Express Mail **Postmark Illegible** No Postmark **Shipping Date** 4 **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt **Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARE (3/2005)

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