FEC FORM 3X	ANI	PORT OF F D DISBUR ther Than An Au	SEMENT	6	Office Use	e Only
1. NAME OF COMMITTEE (in fu		EC MAILING LABEL PE OR PRINT 🕎	Example:If ty over the lines		• • • • • •	
	of Neurology Pro	fessional Association	BrainPAC			
ADDRESS (number and	street)	1 M St. NW				.
Check if differ than previousl reported. (AC	ent LL	shington				005
2. FEC IDENTIFICAT	ION NUMBER	▼ _ C	ITY 🛋	ST	ATE A	ZIPCODE 🔺
C00435933			IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
X July 15 Quarterly October Quarterly January 2 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) lid-Year on-election	(c) 12-Day PRE-Election Report for the: Elect (d) 30-Day Post -Election Report for the:	ab 20 (M2)	on (12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) special (30S) in the State of
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer <u>Mr</u> Electronically F	. Timothy J. Engel	J. Engel	it is true, correct and	e 12 04	
Office Use Only						FORM 3X (. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology Professional Association BrainPAC MM D D Y W м м D D 04 01 2008 06 30 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 6. 2008 34121.00 January 1 (b) Cash on Hand at 61620.00 Begining of Reporting Period 48339.00 78838.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 109959.00 112959.00 6(a) and 6(c) for Column B) 23500.00 26500.00 Total Disbursements (from Line 31) 7. Cash on Hand at Close of 8. **Reporting Period** 86459.00 86459.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 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

FE6AN026

Write or Type Committee Name

DETAILED SUMMARY PAGE OF RECEIPTS

Page 3

FEC Form 3X (Rev. 06/2004) American Academy of Neurology Professional Association BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		1
Than Political Committees (i) Itemized (use Schedule A)	44970.00	71494.00
(ii) Unitemized	3369.00	7344.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	48339.00	78838.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) Þ	48339.00	78838.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non-Federal Associate		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	48339.00	78838.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	48339.00	78838.00

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	0.00	0.00
 Transfers to Affiliated/Other Party Committees 	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	23500.00	26500.00
 Independent Expenditure (use Schedule E) 	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 	0.00	0.00
(use Schedule F)	0.00	0.00
6. Loan Repayments Made		
 Loans Made Refunds of Contributions To: (a) Individuals/Persons Other 	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
9. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	23500.00	26500.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	23500.00	26500.00
	2000.00	2000.00

DETAILED SUMMARY PAGE

	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)	48339.00	78838.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	48339.00	78838.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Academy of Neurology Prof			
۷ A.	Full Name (Last, First, Middle Initial) Dr. Terri Postma	Date of Receipt		
	Mailing Address 8101 Eastern Ave Apt	04 / 08 / Y Y Y Y 02008		
	City	State	Zip Code	Transaction ID: 27623577
	Silver Spring	MD	20910-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer U of KY	Occupation	on Iysician Resident	
	Receipt For:	1 1	e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	
– B.	Full Name (Last, First, Middle Initial) Dr. Sophos Geroulis			Date of Receipt
	Mailing Address 2877 Barclay Way			M M / D D / Y Y Y Y 04 08 2008
	City	State	Zip Code	Transaction ID: 27640798
	Center Line	MI	48015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1030.00
	Name of Employer Med. Coll. of WI	Occupation Physicia	on In Resident	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1030.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Richard L. Pantera, Jr.			Date of Receipt
	Mailing Address 5344 W. Prospect Ct.			M M / D D / Y Y Y Y 04 08 2008
	City	State	Zip Code	Transaction ID: 27648227
	Visalia	CA	93291-9274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)			1780.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7/32 (check only one)				
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and a or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
Γ	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	American Academy of Neurology Pro	fessional As	sociation BrainPAC					
A.	Full Name (Last, First, Middle Initial) Dr. Erik Kent St. Louis	Date of Receipt						
	Mailing Address 719 Huntington Drive			M M / D D / Y				
	City	State	Zip Code	Transaction ID: 27650233				
	Iowa City	IA	52245-9245	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer University of Iowa Hosp and Clinics/De	Occupatio Physicia						
	Receipt For:		te Year-to-Date 🔻					
	Primary General Other (specify) ▼		250.00]				
- B.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pretorius	1		Date of Receipt				
	Mailing Address 5201 Corinthian Bay	Dr		M M / D D / Y				
	City	State	Zip Code	Transaction ID: 27662839				
	Plano	TX	75093-4028	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Mark Pretorius, MD, P.A.	Occupatio Physicia						
	Receipt For:	Aggregat	te Year-to-Date 🔻					
	Primary General Other (specify) ▼		1000.00]				
- C.	Full Name (Last, First, Middle Initial) Dr. Georgia Laliotis	1		Date of Receipt				
	Mailing Address 13000 Bruce B Down	s Blvd # 127	,	M M / D D Y				
	City	State	Zip Code	Transaction ID: 27739758				
	Tampa	FL	33612-4745	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Self	Occupatio Physicia						
	Receipt For:	Aggregat	te Year-to-Date 🔻	_				
	Primary General Other (specify) ▼		1000.00]				
ſ	SUBTOTAL of Receipts This Page (optional) .	1	b	2250.00				
ŀ	TOTAL This Period (last page this line numbe							

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports or for commercial purposes, other than using the second sec	and Statements may not be sold or used by any person ng the name and address of any political committee to s	n for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) American Academy of Neurology								
Full Name (Last, First, Middle Initial) Dr. Lily Jung		Date of Receipt						
Mailing Address 9420 SE 54th St.		M M / D D / Y Y Y Y 04 21 2008						
City	State Zip Code	Transaction ID: 27753641						
Mercer Island	WA 98040-5121	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		2800.00						
Name of Employer Swedish Neurosci. Institu- te. Swedish H	Occupation Physician	-						
Receipt For:	Aggregate Year-to-Date ▼	-						
Primary General Other (specify) ▼	2800.00							
Full Name (Last, First, Middle Initial) Dr. Kathy L. Gardner		Date of Receipt						
Mailing Address 4148 Windsor Str	eet	M M / D D / Y						
City	State Zip Code	Transaction ID: 27753644						
Pittsburgh	PA 15217-2663	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer Univ. of Pittsburgh	Occupation Physician							
Receipt For:	Aggregate Year-to-Date ▼	_						
Primary General Other (specify) ▼	1000.00							
Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton, III		Date of Receipt						
Mailing Address 1280 W Peachtre 1280 West Suite	3904	04 / 21 / Y Y Y Y 04						
City	State Zip Code	Transaction ID: 27753650						
Atlanta	GA 30309-3445	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer Morehouse School of Medic- ine	Occupation Physician							
Receipt For:	Aggregate Year-to-Date 🔻							
Primary General Other (specify) ▼	1000.00							
SUBTOTAL of Receipts This Page (option	nal)	4800.00						
	nal)	4800.00						

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Neurology Pr Full Name (Last, First, Middle Initial) Dr. William T. Bradley Mailing Address 7450 Queensbury C City Fort Worth		13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt
American Academy of Neurology Pr Full Name (Last, First, Middle Initial) Dr. William T. Bradley Mailing Address 7450 Queensbury C City	ircle	
A. Dr. William T. Bradley Mailing Address 7450 Queensbury C		
City		MM/DD/YYYY
	State Zin Code	04 21 2008
Fort Worth		Transaction ID: 27753651
	TX 76133-7046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Neuro. Assoc. of Arlington	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Robin L. Brey		Date of Receipt
Mailing Address 13618 Bluff Circle		M M / D D / Y Y Y Y 04 21 2008
City	State Zip Code	Transaction ID: 27753733
San Antonio	TX 78216-1902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Texas Health Science Center	Occupation neurologist	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Rezak		Date of Receipt
Mailing Address 300 N. Canal Street # 3508		04 D D / Y Y Y Y 04 22 2008
City	State Zip Code	Transaction ID: 27758101
Chicago	IL 60606-1236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer ENH	Occupation neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional	L	1750.00
TOTAL This Period (last page this line numb		

c	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10/32
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Prof	fessional As	sociation BrainPAC	
م. ۲.	Full Name (Last, First, Middle Initial) Dr. Harris M. Hauser			Date of Receipt
	Mailing Address 5555 Del Monte Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: 27760628
	Houston	TX	77056-4100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Memorial Neurological Ass- ociation	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
- 3.	Full Name (Last, First, Middle Initial) Dr. Lorraine J. Spikol			Date of Receipt
	Mailing Address 4028 Lois Lane			M M / D D / Y Y Y Y 0 4 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27769530
	Allentown	PA	18104-9697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lehigh Valley Physicians	Occupatio		
	Group Receipt For:	Neurolog		_
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		250.00	
-).	Full Name (Last, First, Middle Initial) Murray G. Sagsveen	1		Date of Receipt
	Mailing Address 2215 Bayard Avenue			M M / D D / Y Y Y Y 0 4 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27769540
	Saint Paul	MN	55116-1149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Academy of Neuro- logy	Occupatio General	on Counsel	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1500.00
┢	TOTAL This Period (last page this line number		•	
L		(iiiy)		

	SCHEDULE A (FEC Form 3X)	Use separate schedul for each category of th	
I	TEMIZED RECEIPTS	Detailed Summary Pa	
	Any information copied from such Reports and sort for commercial purposes, other than using th	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	American Academy of Neurology Pro	essional Association BrainPAC	
× ٩.	Full Name (Last, First, Middle Initial) Dr. Sandra F. Olson	Date of Receipt	
	Mailing Address 220 E Walton PI Apt 6	0 4 / 2 4 / Y Y Y Y	
	City	State Zip Code	Transaction ID: 27771720
	Chicago	IL 60611-1649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Northwestern Memorial Hos-	Occupation Physician	
	pital Receipt For:	Aggregate Year-to-Date ▼	———————————————————————————————————————
	Primary General		00
	Other (specify)	1000	
- 3.	Full Name (Last, First, Middle Initial) Dr. Richard L. Pantera, Jr.		Date of Receipt
	Mailing Address 5344 W. Prospect Ct.		0 4 2 2 2 0 0 8
	City	State Zip Code	Transaction ID: 27771724
	Visalia	CA 93291-9274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000	.00
-	Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley		Date of Receipt
	Mailing Address 2890 Burlington Stree	t	0 4 2 4 2 0 0 8
	City	State Zip Code	Transaction ID: 27771727
	Ann Arbor	MI 48105-1435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Henry Ford Hospital	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		.00
Γ	SUBTOTAL of Receipts This Page (optional).	1	2500.00
┝	SUBTOTAL OF NECERPIS THIS FAGE (OPLICITAL).		
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/32 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Academy of Neurology Profe	essional As	sociation BrainPAC	
۷ A.	Full Name (Last, First, Middle Initial) Dr. Edward L. Westbrook			Date of Receipt
	Mailing Address 1 Bratenahl PI Apt 130	0 4 / D D / Y Y Y Y 2 4 2 0 0 8		
	City	State	Zip Code	Transaction ID: 27771730
	Bratenahl	OH	44108-1156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Hospitals of <u>Cleveland</u>	Occupatio Academi	n ic Practicing Neurologist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	500.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Robert L. Ruff			Date of Receipt
	Mailing Address 935 Richmond Rd			M M / D D / Y Y Y Y 04 25 2008
	City	State	Zip Code	Transaction ID: 27774391
	Lyndhurst	OH	44124-1063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Case Western Res Universi- ty	Occupatio Physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen			Date of Receipt
	Mailing Address 3141 Neille Lane			04 / 25 / Y Y Y 2008
	City	State	Zip Code	Transaction ID: 27774393
	Twinsburg	OH	44087-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Cleveland Clinic	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2400.00
	TOTAL This Period (last page this line number	only)	I	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	rm 3X) Use separate scheo for each category of Detailed Summary F				
Any information copied from such Re or for commercial purposes, other th NAME OF COMMITTEE (In Full)	an using the name and address of any political co	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.			
American Academy of Neur	blogy Professional Association BrainPAC				
Full Name (Last, First, Middle Init Dr. Richard A. Lafrance	Full Name (Last, First, Middle Initial) Dr. Richard A. Lafrance				
Mailing Address 2392 NW Hu	ımmingbird Dr	Date of Receipt			
City	State Zip Code	Transaction ID: 27774399			
Corvallis	OR 97330-3758	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Corvalis Clinic	Occupation Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	100	00.00			
Full Name (Last, First, Middle Init Dr. Kamel H. Elzawahry	-	Date of Receipt			
Mailing Address 2202 State A	Ave Ste 201	04 / 25 / Y Y Y Y 2008			
City	State Zip Code	Transaction ID: 27774404			
Panama City	FL 32405-4582	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Brain And Spine Center, LLC	Occupation Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	100	00.00			
Full Name (Last, First, Middle Init Dr. Richard A. Mesher	al)	Date of Receipt			
Mailing Address 4852 E Merc	er Way	M M / D D / Y Y Y Y 04 25 2008			
City	State Zip Code	Transaction ID: 27774424			
Mercer Island	WA 98040-4736	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Group Health Permanente	Occupation Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	100	00.00			
SUBTOTAL of Receipts This Page	(optional)	3000.00			
	ine number only)				

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/32 (check only one) 11a X 11a 11b 11c 13 14
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements maining the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Academy of Neurology	Professional Ass	sociation BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Michael A. Sloan			Date of Receipt
Mailing Address 1527 Pleasant H	arbour Way		0 4 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 27774430
Tampa	FL	33602-5966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of South Flori- da	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Rosabel R. Young			Date of Receipt
Mailing Address Ocean View Driv Box # 2280	е		0 4 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 27774496
Running Springs FEC ID number of contributing federal political committee.	CA	92382	Amount of Each Receipt this Period
Name of Employer CNS, Inc.	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen G. Vincent			Date of Receipt
Mailing Address 155 Whisper Co	/e		04 25 2008
City	State	Zip Code	Transaction ID: 27774507
Idaho Falls	ID	83404-7407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Eastern Idaho Neurology Assoc	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opti			3000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) I1c 12 X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor of the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neurology	Professional Association BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Joseph Kass		Date of Receipt
Mailing Address 1504 Taub Loop Ben Taub General	Hospital	0 4 / D D / Y Y Y Y 0 4 2 5 2 0 0 8
City	State Zip Code	Transaction ID: 27774568
Houston	TX 77030-1608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baylor College of Medicine	Occupation Physician	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Dr. David Lee Gordon		Date of Receipt
Mailing Address 4111 Crimson Blu	ff Way	M M / D D / Y Y Y Y Y 04 25 2008
City	State Zip Code	Transaction ID: 27774570
Edmond	OK 73034-1035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Oklahoma	Occupation Professor and Chair	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Awais Riaz		Date of Receipt
Mailing Address 4454-A Kelmscott	Lane	M M / D D / Y Y Y Y 04 25 2008
City	State Zip Code	Transaction ID: 27774574
Salt Lake City	UT 84124-2580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ. of Utah	Occupation Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00
	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/32 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Academy of Neurology Pro	fessional Asso	ciation BrainPAC	
⊻ 4.	Full Name (Last, First, Middle Initial) Dr. Allen L. Gee			Date of Receipt
	Mailing Address 720 Lindsay Ln Ste C	;		04 / P D / Y Y Y Y Y 25 / 2008
	City	State	Zip Code	Transaction ID: 27774635
	Cody FEC ID number of contributing federal political committee.	WY C	82414-4103	Amount of Each Receipt this Period
	Name of Employer Frontier Neurosciences	Occupation Physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Carmel Armon Mailing Address 99 Pinewood Drive			Date of Receipt
	City	State	Zip Code	04 25 2008
	Longmeadow	MA	01106-1639	Transaction ID: 27774643 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Baystate Medical Center	Occupation Chief of No		
	Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 1000.00]
. –	Full Name (Last, First, Middle Initial) Dr. Walter J. Koroshetz			Date of Receipt
	Mailing Address 7808 Stable Way			0 4 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 27774729
	Potomac FEC ID number of contributing federal political committee.	MD C	20854-1791	Amount of Each Receipt this Period 250.00
	Name of Employer Mass General Hospital,Nat- ional Institu	Occupation Neurologis	st	_
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]
Г		1		2250.00

9	CHEDULE A (FEC Form 3)	0	FOR LINE NUMBER: PAGE 17/32
		Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12
A	ny information copied from such Reports an r for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)		
	American Academy of Neurology P	rofessional Association BrainPAC	
. ~	Full Name (Last, First, Middle Initial) Dr. Jack W. Tsao		Date of Receipt
	Mailing Address 9211 Bardon Rd		M M / D D / Y
	City	State Zip Code	Transaction ID: 27774733
	Bethesda	MD 20814-2858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Department of Defense	Occupation Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General	1000.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial) Dr. Darryl C. De Vivo		Date of Receipt
	Mailing Address 710 W 168th St		0 4 / D D / Y Y Y Y 0 4 2 5 2 0 0 8
	City	State Zip Code	Transaction ID: 27774735
	New York	NY 10032-2603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Columbia University	Occupation Physician/Professor	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify)	1000.00	
	Full Name (Last, First, Middle Initial)		
	Dr. Michael J. Kaminski		Date of Receipt
	Mailing Address 2307 Valley Brook I	Road	0 4 / D D / Y Y Y Y 2 5 2 0 0 8
	City	State Zip Code	Transaction ID: 27782668
	Nashville	TN 37215-2016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St. Thomas Neurology Group	Occupation Physician]
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.00	
	Other (specify) v		
[3000.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/32				
			Use separate schedule(s) for each category of the	(check only one)				
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	American Academy of Neurology Profe	essional As	sociation BrainPAC					
Α.	Full Name (Last, First, Middle Initial) Dr. Arastoo T. Nabizadeh-Eraghi			Date of Receipt				
	Mailing Address 13930 Mandarin Oaks	Lane		04 25 Y Y Y Y 2008				
	City	State	Zip Code	Transaction ID: 27783089				
	Jacksonville	FL	32223-2517	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Self	Occupatio						
	Receipt For:	Neurolog	gisi e Year-to-Date ▼	_				
	Primary General	Aggregat		1				
	Other (specify) ▼	0 0	1000.00					
в.	Full Name (Last, First, Middle Initial) Dr. Ralph L. Sacco			Date of Receipt				
	Mailing Address 405 E San Marino Dr.			M M / D D / Y Y Y Y 04 25 2008				
	City	State	Zip Code	Transaction ID: 27783434				
	Miami Beach	FL	33139-1109	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer University of Miami	Occupatio MD Chai						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼		1000.00]				
С.	Full Name (Last, First, Middle Initial) Dr. Francis I. Kittredge, Jr.	1		Date of Receipt				
-	Mailing Address 340 Howard Street			M M / D D / Y Y Y Y 04 25 2008				
	City	State	Zip Code	Transaction ID: 27783920				
	Bangor	ME	04401-4152	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer American Health Centers,	Occupatio Physicia						
	Inc. Receipt For:	1 1	e Year-to-Date 🔻					
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	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions of solicit contributions from such committee.		
N	NAME OF COMMITTEE (In Full)			
	American Academy of Neurology Profe	essional Ass	sociation BrainPAC	
∡ 4.	Full Name (Last, First, Middle Initial) Dr. Katherine A. Henry			Date of Receipt
	Mailing Address 300 E 33rd St Apt 16M			M M / D D / Y Y Y Y 0 4 25 20 0 8
	City	State	Zip Code	Transaction ID: 27784387
	New York	NY	10016-9419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NYU School of Medicine	Occupatio Physicia		7
	Receipt For:		e Year-to-Date 🔻	-
	Primary General	33 - 34		1
	Other (specify) ▼		1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Elliott G. Gross			Date of Receipt
	Mailing Address 65 Horseshoe Hill Rd			M M / D D / Y Y Y Y 0 4 25 2008
	City	State	Zip Code	Transaction ID: 27784744
	Pound Ridge	NY	10576-1636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupatio Neurolog		7
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	Primary General	, iggi egale		1
	Other (specify)		1000.00	1
_	Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee	1		Date of Receipt
	Mailing Address 1199 Sennebec Rd			M M / D D / Y Y Y Y 04 25 2008
	City	State	Zip Code	Transaction ID: 27785152
	Union	ME	04862-4628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Penobscot Bay Medical Cen- ter	Occupatio Physicia		7
	ter Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag atements may not be sold or used by ar	$\begin{array}{c c} c \\ c$				
		or for commercial purposes, other than using the name and address of any political committee to so					
Α.	Full Name (Last, First, Middle Initial) Dr. Rita M. Richardson		Date of Receipt				
	Mailing Address 5316 Belmont Road		0 4 2 5 Y Y Y Y 2 0 0 8				
	City	State Zip Code	Transaction ID: 27785507				
	Grand Forks	ND 58201-8040	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Altru Health Systems	Occupation Neurologist					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	500.	00				
в.	Full Name (Last, First, Middle Initial) Dr. Teshamae Monteith		Date of Receipt				
	Mailing Address 834 Chestnut St Apt 15	02	0 4 / D D / Y Y Y Y 2 5 / 2 0 0 8				
	City	State Zip Code	Transaction ID: 27785917				
	Philadelphia	PA 19107-5146	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	975.00				
	Name of Employer NYU Medical Center	Occupation Resident					
	Receipt For: Primary General	Aggregate Year-to-Date 🔻					
	Other (specify) ▼	985.	00				
C.	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones		Date of Receipt				
	Mailing Address 212 Bay Spring Ave		0 4 2 5 2 0 0 8				
	City	State Zip Code	Transaction ID: 27786833				
	Barrington	RI 02806-1332	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Southern New England Neur- ology	Occupation Physician					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	500.	00				
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	uy not be sold or used by any pers ldress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Neurology Profe	essional As	sociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Teshamae Monteith			Date of Receipt
	Mailing Address 834 Chestnut St Apt 1	502		0 4 / 0 b b / Y Y Y Y 2 0 0 8
	City	State	Zip Code	Transaction ID: 27826926
	Philadelphia FEC ID number of contributing federal political committee.	PA C	19107-5146	Amount of Each Receipt this Period
	Name of Employer NYU Medical Center	Occupatio		
	Receipt For: Primary General Other (specify) ▼	_ _	e Year-to-Date ▼ 1000.00]
В.	Full Name (Last, First, Middle Initial) Mr. Rod Larson Mailing Address 4418 Xerxes Avenue S	South		Date of Receipt
	City	State	Zip Code	0 4 3 0 2 0 0 8 Transaction ID: 27830878
	<u>Minneapolis</u>	MN	55410-1417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer American Academy of Neuro- logy	· · · · · · · · · · · · · · · · · · ·	Exec. Director, Center for He	eal
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer			Date of Receipt
	Mailing Address 711 Haverford Ave			05 16 Y Y Y Y 025 16 2008
	City	State	Zip Code	Transaction ID: 27884998
	Pacific Palisades FEC ID number of contributing federal political committee.	CA	90272-4313	Amount of Each Receipt this Period
	Name of Employer UCLA Dept. of Clinical Ne- urophysiology	Occupatio Physicia		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	
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	E A (FEC Form 3X))	Use separate schedule(s) for each category of the	(check only one)
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Any information of	copied from such Reports and	d Statements ma	v not be sold or used by any pers	13 14 15 16 1 son for the purpose of soliciting contributions
or for commercia	l purposes, other than using t	he name and ad	dress of any political committee t	to solicit contributions from such committee.
	DMMITTEE (In Full) Academy of Neurology Pr	ofossional As	variation BrainPAC	
	cauenty of neurology Pr			
Full Name (La Dr. Marcus C.	ast, First, Middle Initial) Rice			Date of Receipt
	ess 6161 Kempsville Cir	Ste 315		M M / D D / Y Y Y Y
City		State	Zip Code	0 5 2 0 2 0 0 8 Transaction ID: 27918386
<u>Norfolk</u>		VA	23502-3932	Amount of Each Receipt this Period
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	loyer ants of Tidew-	Occupatio Physicia		—
<u>ater</u> Receipt For:			e Year-to-Date 🔻	
Primary Other (s			500.00	
	specify) 🔻			
Full Name (La Dr. Timothy A.	ast, First, Middle Initial) Pedlev			Date of Receipt
	ss 55 Grace Church Str	reet		05 20 2008
City		State	Zip Code	Transaction ID: 27936865
Rye		NY	10580-3926	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		1000.00
Name of Emp The Neurolog	loyer ical Institute	Occupatio		
of NY Receipt For:		Physicial Aggregate	e Year-to-Date 🔻	
Primary		riggroguit	1000.00	
Other (s	specify) 🔻			
Full Name (La Dr. Robert W.	ast, First, Middle Initial) Hamill	1		Date of Receipt
Mailing Addre		ven C225		05 22 2008
City		State	Zip Code	Transaction ID: 27942922
<u>Burlington</u>		VT	05405-0001	Amount of Each Receipt this Period
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Name of Emp University of	loyer Vermont	Occupatio Professo	n r of Neurology	
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions							
	N Y	NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association BrainPAC							
Α.	Full Name (Last, First, Middle Initial) Dr. Rene Gomez Mailing Address 7 Michael Way		Date of Receipt						
	Mailing Address 7 Michael Way		0 6 / 0 5 / Y Y Y Y 0 8						
	City	State Zip Code	Transaction ID: 27988153						
	Pennington	NJ 08534-9610	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1000.00						
	Name of Employer Lawrenceville Neurology	Occupation Physician							
	<u>Ctr</u> Receipt For:	Aggregate Year-to-Date ▼	-						
	Primary General Other (specify) ▼	1000.00							
— В.	Full Name (Last, First, Middle Initial) Dr. Pedro W. Tirado		Date of Receipt						
	Mailing Address 2320 S Seacrest Blvd	Suite 200	M M / D D / Y Y Y Y 06 14 2008						
	City	State Zip Code	Transaction ID: 28046965						
	Boynton Beach	FL 33435-6516	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	500.00						
	Name of Employer Neurology Associates of Palm Beach, P.	Occupation Physician							
	Receipt For:	Aggregate Year-to-Date							
	Primary General Other (specify) ▼	500.00							
– C.	Full Name (Last, First, Middle Initial) Dr. Manmohan Nayyar	1	Date of Receipt						
	Mailing Address 15007 Pamlico Rd		M M / D D / Y Y Y Y 06 26 2008						
	City	State Zip Code	Transaction ID: 28117778						
	Apple Valley	CA 92307-5005	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1000.00						
	Name of Employer High Desert Neuro-Diagnos- tic Med. Grp.	Occupation Physician							
	Receipt For: Primary General	Aggregate Year-to-Date ▼							
	Other (specify) ▼	1000.00							
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/32 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers lress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Neurology Profe	ssional Ass	ociation BrainPAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Awais Riaz			Date of Receipt
	Mailing Address 4454-A Kelmscott Lane City State			M · M / D · D / Y · Y · Y · Y Y 0 6 3 0 2 0 0 8
			Zip Code	Transaction ID: 28123022
	Salt Lake City	UT	84124-2580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Occupation Univ. of Utah Neurologi			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00	

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ny Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions from such committee in solicit contribution from such commitsee from such committee in the solicit contribution from such com	or for commercial purposes, other than using the name and address of any po NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association Bra Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Mailing Address PO Box 433	olitical cor	y any p	erson	for the pu	rpose	e of sc	liciting c			
NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association BrainPAC Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Maling Address PO Box 433 City State Graat Bend KS Maing Address PO Box 433 City State Purpose of Disbursement 0111 Candidate Name State State: KS District: Political Contribution 0111 Chry State State: KS District: Political Contribution Other (specify) Chry State Zip Code State Adming Address PO Box 80126 City State Candidate Name Catagory Senate Primary Candidate Contribution Other (specify) Candidate Name Disbursement For: Candidate Name Disbursement For: Candidate Contribution Catagory Transaction ID: 27640790 Datate of Disbursement thits Perio <t< td=""><td>NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association Bra Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Mailing Address PO Box 433</td><td></td><td></td><td></td><td></td><td>JULIO</td><td>115 110</td><td>JIII SUCII</td><td>COLLIE</td><td></td><td></td></t<>	NAME OF COMMITTEE (In Full) American Academy of Neurology Professional Association Bra Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Mailing Address PO Box 433					JULIO	115 110	JIII SUCII	COLLIE		
American Academy of Neurology Professional Association BrainPAC Full Name (Last, First, Middle Initial) Pal Roberts For U S Senate Inc Mailing Address PO Box 433 City Creat Bend State Zip Code Great Bend KS 67530 Purpose of Disbursement Policical Contribution 011 Cardidate Name Garagory/ Type Office Sought: House President Disbursement For: 2008 Other (specify) Political Contribution Charles Boustany Jr Md For Congress, Inc Transaction ID: 27640790 Charles Boustany Jr Md For Congress, Inc Other (specify) Political Contribution Cardidate Name Reneral 011 Category/ Type Office Sought: X House Disbursement For: 2008 Charles Boustany Jr Md For Congress, Inc Transaction ID: 27640790 Cardidate Name Reneral 011 Category/ Type Office Sought: X House Disbursement For: 2008 City State Zip Code Amount of Each Disbursement this Perio City State: Col Disbursement For: 2008	American Academy of Neurology Professional Association Bra Full Name (Last, First, Middle Initial) Pat Roberts For US Senate Inc Mailing Address PO Box 433	ainPAC								iiilee	
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FEC Schedule B (Form 3X) (Revised 02/2003)

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Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Cam	paign				Trans Date		i on ID isburs			098		
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Candidate Name Sen. Patty Murray			tegc Type									
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Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee					Trans		i on ID isburs			104		
Mailing Address P.O. Box 2008						M		1 ^D 7	/ Y	ž	οòε	3 Y
City Murfreesboro	State Zip Code TN 37133				Amou	int o	f Each	n Dis	burse	ment	t this F	Period
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FEC Schedule B (Form 3X) (Revised 02/2003)

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Full Name (Last, First, Middle Initial) Larson For Congress								on ID: sburse	28062 ment	869		
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