



**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="2009"/>	<input type="text" value="79294.00"/>	<input type="text" value="79294.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="110289.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="55333.00"/>	<input type="text" value="124313.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="165622.00"/>	<input type="text" value="203607.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44000.00"/>	<input type="text" value="82985.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="121622.00"/>	<input type="text" value="120622.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40715.00	89665.00
(ii) Unitemized .....	14618.00	34648.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55333.00	124313.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	55333.00	124313.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	55333.00	124313.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	55333.00	124313.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	79500.00
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 .....	500.00	3485.00
(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)).....	500.00	3485.00
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)) ..	44000.00	82985.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44000.00	82985.00

**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) .....	55333.00	124313.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	3485.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54833.00	120828.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Changed from 'general' to 'primary' election for donations to Sens. Stabenow and Conrad.

Form/Schedule:  
Transaction ID:

**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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dr. Bruce H. Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Neille Lane  
 City State Zip Code  
 Twinsburg OH 44087  
 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 ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2009  
**Transaction ID : 30153896**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Anil K. Nair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 Albany St # B7800  
 City State Zip Code  
 Boston MA 02118-2526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boston University Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 601.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2009  
**Transaction ID : 30153900**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Donald S. Gervais Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8120 Main St Ste 400  
 City State Zip Code  
 Houma LA 70360-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Neuroscience Center of Excel 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 / 07 / 2009  
**Transaction ID : 30182321**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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: PAGE 8 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2009  
**Transaction ID : 30242591**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Stephen P. Ireland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 NE Doctors Dr  
 City Bend State OR Zip Code 97701-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Charles Medical Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2009  
**Transaction ID : 30271039**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Eugene May**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 Fairmount Ave SW  
 City Seattle State WA Zip Code 98126-2075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seattle Radiologists Occupation Neuro-ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2009  
**Transaction ID : 30302765**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
	<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. Elliott G. Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Horseshoe Hill Rd  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2009  
**Transaction ID : 30329618**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City Union State ME Zip Code 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penobscot Bay Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2009  
**Transaction ID : 30340514**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Michael A. Sloan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Tampa General Cir Dept of Neurology  
 City Tampa State FL Zip Code 33606-3603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of South Florida Occupation Physician  
 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 / 31 / 2009  
**Transaction ID : 30340936**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<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 10 OF 55
	<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. William S. Gilmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
07 / 31 / 2009  
**Transaction ID : 30340938**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Anil K. Nair**  
Full Name (Last, First, Middle Initial)

Mailing Address 715 Albany St # B7800

City Boston State MA Zip Code 02118-2526

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

Name of Employer Boston University Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 701.00

Date of Receipt  
08 / 03 / 2009  
**Transaction ID : 30341455**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087

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

Name of Employer Children's Hospital and Med. Center of Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
08 / 03 / 2009  
**Transaction ID : 30341493**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Cynthia L. Comella</b>		Date of Receipt 08 / 03 / 2009 <b>Transaction ID : 30341765</b>
Mailing Address 1530 N. Throop St.		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		
Name of Employer Rush Presb St Lukes Med Ctr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert T. Leshner</b>		Date of Receipt 08 / 03 / 2009 <b>Transaction ID : 30341800</b>
Mailing Address 939 Coast Blvd. #5-G		Amount of Each Receipt this Period 600.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		
Name of Employer Children's National	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Arnold J. Aguilera</b>		Date of Receipt 08 / 03 / 2009 <b>Transaction ID : 30343641</b>
Mailing Address 209 Braehead Dr		Amount of Each Receipt this Period 250.00
City Fredericksburg	State VA	Zip Code 22401-2209
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology Associates of Fredericksburg	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. James M. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address 2325 Maryland Rd Ste 120

City Willow Grove State PA Zip Code 19090-1758

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

Name of Employer Abington Neurological Associates, Ltd Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2009  
**Transaction ID : 30343737**

Amount of Each Receipt this Period 500.00

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

Mailing Address 1060 Orchard Ave Unit G

City Grand Junction State CO Zip Code 81501-2997

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

Name of Employer Community Health Providers Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2009  
**Transaction ID : 30345822**

Amount of Each Receipt this Period 500.00

**C. Dr. Elliott A. Schulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 616 Greythorne Rd

City Wynnewood State PA Zip Code 19096-2509

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

Name of Employer Lankenau Hospital and Lankenau Institu Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2009  
**Transaction ID : 30360516**

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dominic B. Fee</b>		Date of Receipt 08 / 10 / 2009 <b>Transaction ID : 30360582</b>
Mailing Address 1224 Litchfield Ln		Amount of Each Receipt this Period 1000.00
City Lexington	State KY	Zip Code 40513-1794
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Univ of Kentucky	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Nancy L. Mueller</b>		Date of Receipt 08 / 12 / 2009 <b>Transaction ID : 30372645</b>
Mailing Address 610 E Palisade Ave		Amount of Each Receipt this Period 1000.00
City Englewood Cliffs	State NJ	Zip Code 07632-1801
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Brian N. Kirschner</b>		Date of Receipt 08 / 12 / 2009 <b>Transaction ID : 30374328</b>
Mailing Address 29946 Mayfair Drive		Amount of Each Receipt this Period 500.00
City Farmington Hills	State MI	Zip Code 48331-2152
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Millennium Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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: PAGE 14 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Jeremy M. Shefner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7994 Everglades Drive  
 City Manlius State NY Zip Code 13104-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNY Upstate Medical University Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2009  
**Transaction ID : 30374333**  
 Amount of Each Receipt this Period 1000.00

**B. Dr. Richard L. Pantera Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 623 W Willow Ave  
 City Visalia State CA Zip Code 93291-6101  
 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 ▼ 1000.00

Date of Receipt 08 / 19 / 2009  
**Transaction ID : 30430029**  
 Amount of Each Receipt this Period 1000.00

**C. Dr. Orly Avitzur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 Old Sleepy Hollow Rd Extension  
 City Briarcliff State NY Zip Code 10510-2543  
 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 ▼ 500.00

Date of Receipt 08 / 10 / 2009  
**Transaction ID : 30452627**  
 Amount of Each Receipt this Period 500.00  
 Refunded: From Business Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<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 D. Brower**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 Twin Hills Drive  
 City El Paso State TX Zip Code 79912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Tech University HSC Dept. of Neu Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 26 / 2009**  
**Transaction ID : 30454614**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Jonathan P. Hosey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1503 Red Ln  
 City Danville State PA Zip Code 17821-8493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 16 / 2009**  
**Transaction ID : 30466590**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City Union State ME Zip Code 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penobscot Bay Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 31 / 2009**  
**Transaction ID : 30468681**  
 Amount of Each Receipt this Period **100.00**

<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 16 OF 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Orly Avitzur**

Mailing Address 815 Old Sleepy Hollow Rd Extension

City Briarcliff      State NY      Zip Code 10510-2543

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 ▼  
500.00

Date of Receipt  
09 / 01 / 2009  
**Transaction ID : 30469956**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Bruce H. Cohen**

Mailing Address 3141 Neille Lane

City Twinsburg      State OH      Zip Code 44087

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

Name of Employer Children's Hospital and Med. Center of      Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 01 / 2009  
**Transaction ID : 30469985**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Anil K. Nair**

Mailing Address 715 Albany St # B7800

City Boston      State MA      Zip Code 02118-2526

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

Name of Employer Boston University      Occupation Neurologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
801.00

Date of Receipt  
09 / 01 / 2009  
**Transaction ID : 30469994**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 17 OF 55
	<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 4929 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 ▼  
250.00

Date of Receipt  
09 / 01 / 2009  
**Transaction ID : 30469996**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 553 N. Mobile Street

City State Zip Code  
Fairhope AL 36532

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 15 / 2009  
**Transaction ID : 30556791**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 6059  
1617 Sylvester St SW

City State Zip Code  
Olympia WA 98501-2228

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

Name of Employer Occupation  
Madigan Army Medical Center / Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
09 / 28 / 2009  
**Transaction ID : 30603626**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Timothy A. Pedley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 Grace Church St.  
City Rye State NY Zip Code 10580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia University Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 28 / 2009**  
**Transaction ID : 30603635**  
Amount of Each Receipt this Period **500.00**

**B. Dr. Rita M. Richardson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 620 Main Street North, #214  
City Stillwater State MN Zip Code 55082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Altru Health Systems Occupation Neurologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 28 / 2009**  
**Transaction ID : 30603636**  
Amount of Each Receipt this Period **1000.00**

**C. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1199 Sennebec Rd  
City Union State ME Zip Code 04862-4628  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Penobscot Bay Medical Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 30 / 2009**  
**Transaction ID : 30616679**  
Amount of Each Receipt this Period **100.00**

<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: (check only one)	PAGE 19 OF 55
	<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 C. Graeber</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2009 <b>Transaction ID : 30618455</b>
Mailing Address 971 Lakeland Dr Ste 560		Amount of Each Receipt this Period 500.00
City Jackson	State MS	Zip Code 39216-4607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muscle & Nerve, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Gary L. Stanton</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2009 <b>Transaction ID : 30618460</b>
Mailing Address 131 Old Road To 9 Acre Cor Ste 600		Amount of Each Receipt this Period 300.00
City Concord	State MA	Zip Code 01742-4191
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Emerson Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert S. Gould</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2009 <b>Transaction ID : 30618477</b>
Mailing Address 340 Dardanelli Ln Ste 17A		Amount of Each Receipt this Period 250.00
City Los Gatos	State CA	Zip Code 95032-1418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 20 OF 55
	<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. Leonard Sahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 29355 Northwestern Hwy Ste 100

City Southfield	State MI	Zip Code 48034-1065
--------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2009

**Transaction ID : 30618482**

Amount of Each Receipt this Period  
250.00

**B. Dr. Sanjeevi C. Tivakaran**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Hospital Dr Ste 310

City Bossier City	State LA	Zip Code 71111-2387
----------------------	-------------	------------------------

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

Name of Employer WK Bossier Health Ctr	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
09	/	30	/	2009

**Transaction ID : 30618657**

Amount of Each Receipt this Period  
500.00

**C. Dr. Laura B. Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 5629 Tazewell Pike

City Knoxville	State TN	Zip Code 37918-9264
-------------------	-------------	------------------------

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

Name of Employer Self/ Retired	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
09	/	30	/	2009

**Transaction ID : 30618663**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 21 OF 55
	<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. Edmund G. Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 13801 Bruce B Downs Blvd Ste 401

City Tampa	State FL	Zip Code 33613-3997
---------------	-------------	------------------------

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

Name of Employer Winters Grant Mc Craney Tatum	Occupation Neurologist
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2009

**Transaction ID : 30618669**

Amount of Each Receipt this Period  
250.00

**B. Dr. Pushpa Narayanaswami**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Clinton Road

City Chestnut Hill	State MA	Zip Code 02467-1419
-----------------------	-------------	------------------------

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

Name of Employer Beth Israel Deaconess Medical Center	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2009

**Transaction ID : 30618694**

Amount of Each Receipt this Period  
500.00

**c. Dr. Joseph S. Kass**  
Full Name (Last, First, Middle Initial)

Mailing Address 4929 Valerie

City Bellaire	State TX	Zip Code 77401-5707
------------------	-------------	------------------------

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

Name of Employer Baylor College of Medicine	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2009

**Transaction ID : 30622989**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 22 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Bruce H. Cohen</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2009
Mailing Address 3141 Neille Lane		<b>Transaction ID : 30622993</b>
City Twinsburg	State OH	Zip Code 44087
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. David T. Greco</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2009
Mailing Address 17 West Ridge Road		<b>Transaction ID : 30622995</b>
City New Fairfield	State CT	Zip Code 06812-4904
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Associated Neurologists, LP	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Anil K. Nair</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2009
Mailing Address 715 Albany St # B7800		<b>Transaction ID : 30622997</b>
City Boston	State MA	Zip Code 02118-2526
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Boston University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 901.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 23 OF 55
	<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. Meril S. Platzer**  
Full Name (Last, First, Middle Initial)

Mailing Address 28404 Foothill Drive

City Agoura Hills State CA Zip Code 91301-2242

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2009

**Transaction ID : 30623016**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 675 W North Ave Ste 608  
Neurology Clinical Neurophysiology

City Melrose Park State IL Zip Code 60160-1627

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2009

**Transaction ID : 30623777**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 6550 Fannin St Ste 1801  
Department of Neurology

City Houston State TX Zip Code 77030-2744

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

Name of Employer Baylor College Of Medicine Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2009

**Transaction ID : 30635185**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 24 OF 55
	<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. Thomas GianCarlo**  
Full Name (Last, First, Middle Initial)

Mailing Address 34025 Harper Ave

City Clinton Township State MI Zip Code 48035-3737

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

Name of Employer Henry Ford Medical Center; Michigan Ne Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2009  
**Transaction ID : 30651210**

Amount of Each Receipt this Period 500.00

**B. Dr. Susan B. Bressman**  
Full Name (Last, First, Middle Initial)

Mailing Address 435 Lewelen Circle

City Englewood State NJ Zip Code 07631

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

Name of Employer Philip Ambulatory Care Center, Beth Is Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2009  
**Transaction ID : 30683939**

Amount of Each Receipt this Period 1000.00

**C. Dr. Marcus C. Rice**  
Full Name (Last, First, Middle Initial)

Mailing Address 6161 Kempsville Cir Ste 315

City Norfolk State VA Zip Code 23502-3932

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

Name of Employer Neuroconsultants of Tidewater Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2009  
**Transaction ID : 30697368**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Gregory L. Barkley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2890 Burlington St  
 City Ann Arbor State MI Zip Code 48105-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2009  
**Transaction ID : 30706238**  
 Amount of Each Receipt this Period  
 300.00

**B. 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2009  
**Transaction ID : 30706240**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Elizabeth Minto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 553 N. Mobile Street  
 City Fairhope State AL Zip Code 36532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology: Child and Adult, P.C. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2009  
**Transaction ID : 30706242**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<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**

**A. Dr. David S. Rozenfeld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 Macarthur Blvd Ste 404  
 City Munster State IN Zip Code 46321-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NWI Neurological Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2009  
**Transaction ID : 30726830**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City Union State ME Zip Code 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penobscot Bay Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2009  
**Transaction ID : 30779197**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Anil K. Nair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 Albany St # B7800  
 City Boston State MA Zip Code 02118-2526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston University Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2009  
**Transaction ID : 30785483**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 27 OF 55
	<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 806 Timber Hill Road  
 City Highland Park State IL Zip Code 60035-5121  
 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 **500.00**

Date of Receipt **11 / 02 / 2009**  
**Transaction ID : 30785509**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 603253  
 City Providence State RI Zip Code 02906  
 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 **1000.00**

Date of Receipt **11 / 02 / 2009**  
**Transaction ID : 30785511**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Joseph S. Kass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4929 Valerie  
 City Bellaire State TX Zip Code 77401-5707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baylor College of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **11 / 02 / 2009**  
**Transaction ID : 30785515**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</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 28 OF 55
	<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. Katherine A. Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 33rd St Apt 16M

City New York State NY Zip Code 10016-9419

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

Name of Employer NYU School of Medicine Occupation Physician

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  
 11 / 02 / 2009  
**Transaction ID : 30785518**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Srinivasa Potluri**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Squirrel Dr

City Skillman State NJ Zip Code 08558-1669

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

Name of Employer Advanced Neurology Center, LLC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2009  
**Transaction ID : 30810362**

Amount of Each Receipt this Period  
 250.00

**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

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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2009  
**Transaction ID : 30857363**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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:	PAGE 29 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Elizabeth Minto</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2009 <b>Transaction ID : 30857369</b>
Mailing Address 553 N. Mobile Street		Amount of Each Receipt this Period 100.00
City Fairhope	State AL	Zip Code 36532
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology: Child and Adult, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Nicholas L. Schlageter</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2009 <b>Transaction ID : 30858937</b>
Mailing Address 6N169 Woodview Ct		Amount of Each Receipt this Period 500.00
City Saint Charles	State IL	Zip Code 60175-6266
FEC ID number of contributing federal political committee. C		
Name of Employer Tri-City Neurology, SC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Malcolm H. Gottesman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2009 <b>Transaction ID : 30858939</b>
Mailing Address 200 Old Country Rd Ste 370		Amount of Each Receipt this Period 250.00
City Mineola	State NY	Zip Code 11501-4264
FEC ID number of contributing federal political committee. C		
Name of Employer Winthrop Univ Hosp/Division of Neuro	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 30 OF 55
	<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. Lindsey Lee Lair**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 E 33rd St Apt 14H

City New York State NY Zip Code 10016-5325

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

Name of Employer Merck & Co. Inc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2009  
**Transaction ID : 30866571**

Amount of Each Receipt this Period  
**250.00**

**B. Dr. Carmel Armon**  
Full Name (Last, First, Middle Initial)

Mailing Address 99 Pinewood Drive

City Longmeadow State MA Zip Code 01106

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

Name of Employer Baystate Medical Center Occupation Chief of Neurology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2009  
**Transaction ID : 30878048**

Amount of Each Receipt this Period  
**1000.00**

**C. Dr. Erik Kent St. Louis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Monterey Ln SW

City Rochester State MN Zip Code 55902-1215

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 ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2009  
**Transaction ID : 30884545**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</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 31 OF 55
	<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. Robert A. Cambridge**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Golfside Dr

City Winter Park State FL Zip Code 32792-5127

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

Name of Employer Neurology Care Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2009

**Transaction ID : 30884550**

Amount of Each Receipt this Period  
 365.00

**B. Catherine M. Rydell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4645 Park Commons, #319

City St. Louis Park State MN Zip Code 55416

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

Name of Employer American Academy of Neurology Occupation Executive Director/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2009

**Transaction ID : 30906368**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. Ronald G. Emerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 East 71st Street  
Belaire Building, 5th Floor

City New York State NY Zip Code 10021

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

Name of Employer Columbia-Presbyterian Med Ctr Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2009

**Transaction ID : 30907907**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1565.00
<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 32 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Sanjeevi C. Tivakaran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 Hospital Dr Ste 310  
 City State Zip Code  
 Bossier City LA 71111-2387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WK Bossier Health Ctr Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2009  
**Transaction ID : 30912584**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Daniel H. Jacobs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3849 Oakwater Cir  
 City State Zip Code  
 Orlando FL 32806-6264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Neurological Services-Orlando Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2009  
**Transaction ID : 30912592**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Stephen R. Hempelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13760 N 93rd Ave Ste 101  
 City State Zip Code  
 Peoria AZ 85381-4203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arizona Medical Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2009  
**Transaction ID : 30912605**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 33 OF 55
	<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. Mason C. Gasper**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Rose Court

City Providence State RI Zip Code 02860-4400

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

Name of Employer Memorial Hospital of Rhode Island 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  
 11 / 24 / 2009  
**Transaction ID : 30912619**

Amount of Each Receipt this Period  
 500.00

**B. Dr. David S. Larsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 511 East 3rd St

City Hinsdale State IL Zip Code 60521-4705

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

Name of Employer Hobson Medical Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2009  
**Transaction ID : 30912652**

Amount of Each Receipt this Period  
 250.00

**C. Dr. James M. Goldring**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 N Ballas Rd Ste 209

City Saint Louis State MO Zip Code 63131-2323

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2009  
**Transaction ID : 30916684**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 34 OF 55
	<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)  
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**A. Dr. Aaron E. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 E 86th St Apt 7B  
 City New York State NY Zip Code 10028-1059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mount Sinai School of Medicine 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  
 11 / 25 / 2009  
**Transaction ID : 30916696**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Dr. Pedro W. Tirado**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2320 S Seacrest Blvd Ste 200  
 City Boynton Beach State FL Zip Code 33435-6516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology Associates of Palm Beach, P. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2009  
**Transaction ID : 30918363**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Preston E. Harrison Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Doctors Dr  
 City Tyler State TX Zip Code 75701-2239  
 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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2009  
**Transaction ID : 30918373**  
 Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1700.00</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 35 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Leslie A. Huszar</b>		Date of Receipt 11 / 29 / 2009 <b>Transaction ID : 30927964</b>
Mailing Address 787 37th St Ste E120		Amount of Each Receipt this Period 500.00
City Vero Beach	State FL	Zip Code 32960-7312
FEC ID number of contributing federal political committee. C	Name of Employer Fellow Amer Academy-Neurology	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. P Scott Becker</b>		Date of Receipt 11 / 30 / 2009 <b>Transaction ID : 30930281</b>
Mailing Address 565 Centre View Blvd		Amount of Each Receipt this Period 500.00
City Crestview Hills	State KY	Zip Code 41017-3444
FEC ID number of contributing federal political committee. C	Name of Employer Becker Neurological Institu	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Henry Hagenstein</b>		Date of Receipt 11 / 30 / 2009 <b>Transaction ID : 30933754</b>
Mailing Address 9654 Burning Tree Dr		Amount of Each Receipt this Period 250.00
City Grand Blanc	State MI	Zip Code 48439-9568
FEC ID number of contributing federal political committee. C	Name of Employer Genesys Masthead	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 36 OF 55
	<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 Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 01 / 2009**

**Transaction ID : 30933831**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 4929 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 01 / 2009**

**Transaction ID : 30933834**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 127 Brookview Ave

City Fairfield State CT Zip Code 06825-1867

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 02 / 2009**

**Transaction ID : 30935739**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>650.00</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 37 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<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**

**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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2009

**Transaction ID : 30938964**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 49 Spring St Fl 2

City Scarborough State ME Zip Code 04074-8926

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

Name of Employer Maine Medical Partners Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2009

**Transaction ID : 30940351**

Amount of Each Receipt this Period  
 250.00

**C. Dr. Marvin H. Rorick**  
Full Name (Last, First, Middle Initial)

Mailing Address 10550 Montgomery Rd Ste 33

City Cincinnati State OH Zip Code 45242-4422

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

Name of Employer Riverhills Healthcare Corp Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2009

**Transaction ID : 30942592**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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:	PAGE 38 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Eric S. Englestein</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2009 <b>Transaction ID : 30951146</b>
Mailing Address 7 Louis Dr		Amount of Each Receipt this Period 200.00
City Budd Lake	State NJ	Zip Code 07828-1434
FEC ID number of contributing federal political committee. C		
Name of Employer Neuro Specialist of Morris-Sussex, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory L. Barkley</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2009 <b>Transaction ID : 31040248</b>
Mailing Address 2890 Burlington St		Amount of Each Receipt this Period 300.00
City Ann Arbor	State MI	Zip Code 48105-1435
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Elizabeth Minto</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2009 <b>Transaction ID : 31040520</b>
Mailing Address 553 N. Mobile Street		Amount of Each Receipt this Period 100.00
City Fairhope	State AL	Zip Code 36532
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology: Child and Adult, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 39 OF 55
	<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. Stephen M. Sergay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2919 W Swann Ave Ste 401  
 Tampa Neurology Associates  
 City Tampa State FL Zip Code 33609-4083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tampa Neurology Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2009  
**Transaction ID : 31054789**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. John G. Nutt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3181 SW Sam Jackson Park Rd  
 Department of Neurology OP-32  
 City Portland State OR Zip Code 97239-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Health Sci University Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2009  
**Transaction ID : 31063586**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Harris M. Hauser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5555 del Monte Dr Unit 1703  
 City Houston State TX Zip Code 77056-4185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Neurological Association Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2009  
**Transaction ID : 31063587**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</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 40 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Maureen A. Callaghan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2009 <b>Transaction ID : 31071921</b>
Mailing Address PO Box 6059 1617 Sylvester St SW		Amount of Each Receipt this Period 250.00
City Olympia	State WA	Zip Code 98501-2228
FEC ID number of contributing federal political committee. C		
Name of Employer Madigan Army Medical Center / Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Bruce Sigsbee</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2009 <b>Transaction ID : 31072964</b>
Mailing Address 1199 Sennebec Rd		Amount of Each Receipt this Period 100.00
City Union	State ME	Zip Code 04862-4628
FEC ID number of contributing federal political committee. C		
Name of Employer Penobscot Bay Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Orly Avitzur</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2009 <b>Transaction ID : 34275567</b>
Mailing Address 815 Old Sleepy Hollow Rd Extension		Amount of Each Receipt this Period 0.00
City Briarcliff	State NY	Zip Code 10510-2543
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40715.00



**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. John D. Dingell For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. John D. Dingell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2009

**Transaction ID : 30182099**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. LEAD PAC**

Mailing Address 228 South Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2009

**Transaction ID : 30182310**

Amount of Each Disbursement this Period

2000.00
---------

Leadership PAC

Full Name (Last, First, Middle Initial)

**C. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2009

**Transaction ID : 30182316**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

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

4000.00
---------

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

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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 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. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Fortney Peter Stark**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 13

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2009

**Transaction ID : 30199750**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Castor For Congress**

Mailing Address 301 W. Platt Street, #385

City State Zip Code  
Tampa FL 33606

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Katherine Castor**

Category/  
Type

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

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2009

**Transaction ID : 30235620**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Matheson For Congress**

Mailing Address P.O. Box 521048

City State Zip Code  
Salt Lake City UT 84152

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. James D. Matheson**

Category/  
Type

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

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2009

**Transaction ID : 30235632**

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. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID : 30235633**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Pascrell For Congress**

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID : 30235645**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
National Party Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID : 30269190**

Amount of Each Disbursement this Period

1000.00

National Party 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. Charles A. Gonzalez Congressional Campaign**

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Charles A. Gonzalez**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID : 30269191**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Adler For Congress**

Mailing Address 14 Knightswood Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John Herbert Adler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID : 30269194**

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Making Business Excel PAC**

Mailing Address PO Box 3421

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement  
Leadership PAC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2009

**Transaction ID : 30269198**

Amount of Each Disbursement this Period

1000.00

Leadership PAC

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

2500.00

**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. 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

Category/  
Type

Candidate Name

**Rep. Erik P. Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2009

**Transaction ID : 30309873**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Michael C. Burgess M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2009

**Transaction ID : 30314999**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens For Altmire**

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Jason Altmire**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID : 30590478**

Amount of Each Disbursement this Period

500.00

Campaign Contribution

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

2500.00

**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. Sue Myrick For Congress**

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Sue Wilkins Myrick**

Category/  
Type

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

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID : 30590484**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Alamo PAC**

Mailing Address 1203 Portner Road

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID : 30590492**

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

**C. Hoosiers Supporting Buyer For Congress**

Mailing Address 103 West Broadway St, P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Steve Buyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 04

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID : 30591658**

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)

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<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. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2009

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement  
Campaign Contribution

011

**Transaction ID : 30592117**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Henry Cuellar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2009

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Campaign Contribution

011

**Transaction ID : 30595292**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2009

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
Campaign Contribution

011

**Transaction ID : 30595296**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: WA District:

Campaign Contribution

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

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

3000.00
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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 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. Russ Carnahan In Congress Committee**

Mailing Address PO Box 190033

City St Louis State MO Zip Code 63119

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Russ Carnahan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID : 30595297**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Hall For Congress Committee (Ralph Hall - Rockwall)**

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Ralph M. Hall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: TX District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID : 30595300**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Prosperity PAC**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID : 30595302**

Amount of Each Disbursement this Period

1000.00

Leadership PAC

**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. Mccollum For Congress**

Mailing Address P.O. Box 14131

City State Zip Code  
St. Paul MN 55114

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Betty McCollum**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID : 30595305**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Dennis Cardoza**

Mailing Address PO Box 2749

City State Zip Code  
Merced CA 95340

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Dennis A. Cardoza**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID : 30633402**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2009

**Transaction ID : 30725028**

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. Giffords For Congress**

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Gabrielle Giffords**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID : 30726970**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Kent Conrad**

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Kent Conrad**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2009

**Transaction ID : 30767213**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. AMERIPAC**

Mailing Address 499 S. Capitol SW  
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Leadership PAC

011

Candidate Name

**AMERIPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID : 30787841**

Amount of Each Disbursement this Period

2500.00

Leadership PAC

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

4500.00

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

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

Use separate schedule(s)  
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. Rogers For Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Michael J. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID : 30788348**

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Sam Johnson**

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Samuel Robert Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID : 30858606**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID : 30860065**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2500.00

**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. Mikulski For Senate Committee**

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Barbara A. Mikulski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2009			

**Transaction ID : 30860716**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. The Freedom Project**

Mailing Address 631-B Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2009			

**Transaction ID : 30861070**

Amount of Each Disbursement this Period

2000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Ginny Brown-Waite**

Mailing Address PO Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Virginia Brown-Waite**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: FL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2009			

**Transaction ID : 30861071**

Amount of Each Disbursement this Period

1000.00
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Campaign Contribution

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

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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 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. Allyson Schwartz For Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2009
Mailing Address P.O. Box 2232		<b>Transaction ID : 30930366</b>
City Jenkintown	State PA	
Purpose of Disbursement Campaign Contribution	Candidate Name <b>Rep. Allyson Y. Schwartz</b>	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Dirigo PAC</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2009
Mailing Address Post Office Box 1355		<b>Transaction ID : 30935423</b>
City Alexandria	State VA	
Purpose of Disbursement Leadership PAC	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Grassley Committee Inc</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2009
Mailing Address PO Box 1000		<b>Transaction ID : 31002960</b>
City Des Moines	State IA	
Purpose of Disbursement Campaign Contribution	Candidate Name <b>Sen. Charles E. Grassley</b>	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IA	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<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. TOMPAC**

Mailing Address 426 C STREET, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 31054485**

Amount of Each Disbursement this Period

Leadership PAC

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

/  /

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

/  /

Amount of Each Disbursement this Period

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

**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 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. Orly Avitzur**

Mailing Address 815 Old Sleepy Hollow Rd Extension

City Briarcliff State NY Zip Code 10510-2543

Purpose of Disbursement  
Refund of corporate check

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2009

**Transaction ID : 30405420**

Amount of Each Disbursement this Period

500.00

Refund of corporate check

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

500.00