

**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="2010"/> | <input type="text" value="120622.00"/> | <input type="text" value="120622.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="138573.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="39742.00"/> | <input type="text" value="143575.62"/> |
| (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="178315.00"/> | <input type="text" value="264197.62"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="66150.00"/> | <input type="text" value="153032.62"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="112165.00"/> | <input type="text" value="111165.00"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

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)..... | 26723.00 | 95274.00 |
| (ii) Unitemized | 12869.00 | 43204.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 39592.00 | 138478.00 |
| (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) | 39592.00 | 138478.00 |
| 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.)..... | 150.00 | 5097.62 |
| 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))..... ▶ | 39742.00 | 143575.62 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 39742.00 | 143575.62 |

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..... | 150.00 | 650.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 66000.00 | 147500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 435.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 435.00 |
| 29. Other Disbursements | 0.00 | 4447.62 |
| 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)) .. | 66150.00 | 153032.62 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 66150.00 | 153032.62 |

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) | 39592.00 | 138478.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 435.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 39592.00 | 138043.00 |
| 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 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Changed distribution to Sen. Debbie Stabenow from 'general' to 'primary' election.

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 49 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Dr. 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 ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2010
Transaction ID : 31962948

Amount of Each Receipt this Period
50.00

B. Dr. Stuart G. Mendelson
Full Name (Last, First, Middle Initial)

Mailing Address 13 Oxford Rd.

City State Zip Code
North Caldwell NJ 07006-7146

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

Name of Employer Occupation
Self Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2010
Transaction ID : 32038042

Amount of Each Receipt this Period
300.00

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

Mailing Address 136 Covey Chase

City State Zip Code
Tuscaloosa AL 35406-1801

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

Name of Employer Occupation
AL Neurology and Sleep Medicine, P.C. 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 / 15 / 2010
Transaction ID : 32038056

Amount of Each Receipt this Period
100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 49 |
| | <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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2010
Transaction ID : 32038062

Amount of Each Receipt this Period
 100.00

B. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2010
Transaction ID : 32038065

Amount of Each Receipt this Period
 100.00

C. Dr. Larry Charleston IV
Full Name (Last, First, Middle Initial)

Mailing Address 5841 West River Dr NE

City Belmont State MI Zip Code 49306-8806

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

Name of Employer Public Policy Fellow Occupation Fellow

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2010
Transaction ID : 32038073

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 49 |
| | <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. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **07 / 15 / 2010**

Transaction ID : 32038081

Amount of Each Receipt this Period **85.00**

B. Dr. Bennett L. Lavenstein
Full Name (Last, First, Middle Initial)

Mailing Address 4210 Rosemary Street

City Chevy Chase State MD Zip Code 20815-5218

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

Name of Employer Childrens National Med Ctr Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 22 / 2010**

Transaction ID : 32068212

Amount of Each Receipt this Period **500.00**

C. Dr. Glenn D. Graham
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Jamieson Ave. Unit 505

City Alexandria State VA Zip Code 22314-5709

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

Name of Employer VA Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 23 / 2010**

Transaction ID : 32070075

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1085.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 49 |
| | <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. 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 **07 / 23 / 2010**

Transaction ID : 32070308

Amount of Each Receipt this Period **100.00**

B. Dr. Simon J. Farrow
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Piccolo Way

City Las Vegas State NV Zip Code 89146-3029

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

Name of Employer Simon Farrow Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 27 / 2010**

Transaction ID : 32075701

Amount of Each Receipt this Period **500.00**

C. Dr. Robert S. Gould
Full Name (Last, First, Middle Initial)

Mailing Address 340 Dardanelli Ln Ste 17A

City Los Gatos State CA Zip Code 95032-1418

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 ▼ **600.00**

Date of Receipt **07 / 28 / 2010**

Transaction ID : 32075746

Amount of Each Receipt this Period **600.00**

SUBTOTAL of Receipts This Page (optional)..... **1200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 49 |
| | <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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2010
Transaction ID : 32075754
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael C. Graeber
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 Lakeland Dr Ste 560
 City Jackson State MS Zip Code 39216-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muscle & Nerve, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2010
Transaction ID : 32075952
 Amount of Each Receipt this Period
 500.00

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2010
Transaction ID : 32076487
 Amount of Each Receipt this Period
 100.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1100.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 49 |
| | <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. Todd J. Janus
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Muskogee Avenue

City Des Moines State IA Zip Code 50312-4627

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

Name of Employer Iowa Health Physicians Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **668.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2010

Transaction ID : 32076490

Amount of Each Receipt this Period
100.00

B. Dr. Robert L. Ruff
Full Name (Last, First, Middle Initial)

Mailing Address 935 Richmond Road

City Lyndhurst State OH Zip Code 44124

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

Name of Employer Case Western Res University 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 / 28 / 2010

Transaction ID : 32077979

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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2010

Transaction ID : 32087998

Amount of Each Receipt this Period
50.00

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 13 OF 49 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dr. Nancy L. Mueller | | Date of Receipt MM / DD / YYYY 08 / 03 / 2010 Transaction ID : 32089200 |
| Mailing Address 610 E Palisade Ave | | Amount of Each Receipt this Period 2500.00 |
| City Englewood Cliffs | State NJ | Zip Code 07632-1801 |
| 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 ▼ 2500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Kathryn A. Coughlin-Kelley | | Date of Receipt MM / DD / YYYY 08 / 06 / 2010 Transaction ID : 32104307 |
| Mailing Address 6615 Wake Hurst Rd. | | Amount of Each Receipt this Period 500.00 |
| City Charlotte | State NC | Zip Code 28226 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Not Employed | 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) C. Dr. Cynthia L. Comella | | Date of Receipt MM / DD / YYYY 08 / 09 / 2010 Transaction ID : 32117833 |
| Mailing Address 1530 N. Throop St. | | Amount of Each Receipt this Period 1000.00 |
| 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 ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 49 |
| | <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 ▼ 600.00

Date of Receipt
 08 / 16 / 2010
Transaction ID : 32157337

Amount of Each Receipt this Period
 100.00

B. 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 / 16 / 2010
Transaction ID : 32157343

Amount of Each Receipt this Period
 100.00

C. Dr. Larry Charleston IV
Full Name (Last, First, Middle Initial)

Mailing Address 5841 West River Dr NE

City Belmont State MI Zip Code 49306-8806

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

Name of Employer Public Policy Fellow Occupation Fellow

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 16 / 2010
Transaction ID : 32157346

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 49 |
| | <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. Glen R. Finney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9235 NW 26th Avenue
 City Gainesville State FL Zip Code 32606-9180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 08 / 16 / 2010
Transaction ID : 32157349
 Amount of Each Receipt this Period
 85.00

B. 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 ▼ 800.00

Date of Receipt
 08 / 16 / 2010
Transaction ID : 32157397
 Amount of Each Receipt this Period
 100.00

C. Dr. Daniel C. Potts
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Covey Chase
 City Tuscaloosa State AL Zip Code 35406-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AL Neurology and Sleep Medicine, P.C. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 16 / 2010
Transaction ID : 32157402
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 285.00 |
| 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 16 OF 49 |
| | <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. Mr. Jason A. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 5333 McAuley Dr Rm 3003

| | | |
|-------------------|-------------|------------------------|
| City Ypsilanti | State MI | Zip Code 48197-1097 |
|-------------------|-------------|------------------------|

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

| | |
|---|---------------------------|
| Name of Employer Ann Arbor Neurology | 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 |
| 08 | / | 16 | / | 2010 |

Transaction ID : 32158780

Amount of Each Receipt this Period
250.00

B. Dr. Susan L. Hickenbottom
Full Name (Last, First, Middle Initial)

Mailing Address 309 Virginia Ave

| | | |
|-------------------|-------------|------------------------|
| City Ann Arbor | State MI | Zip Code 48103-4133 |
|-------------------|-------------|------------------------|

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

| | |
|---|---------------------------|
| Name of Employer Ann Arbor Neurology | 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 |
| 08 | / | 16 | / | 2010 |

Transaction ID : 32158787

Amount of Each Receipt this Period
250.00

C. Dr. Michael L. Goldstein
Full Name (Last, First, Middle Initial)

Mailing Address 1151 E 3900 S

| | | |
|------------------------|-------------|------------------------|
| City Salt Lake City | State UT | Zip Code 84124-1216 |
|------------------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer Western Neurological Associates, P.C. | 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 |
| 08 | / | 19 | / | 2010 |

Transaction ID : 32174046

Amount of Each Receipt this Period
500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 49 |
| | <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"/> | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dr. John David Hixson | | Date of Receipt 08 / 22 / 2010 Transaction ID : 32190036 |
| Mailing Address 1224 3rd Ave | | Amount of Each Receipt this Period 250.00 |
| City San Francisco | State CA | Zip Code 94122-2705 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UCSF | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Dario M. Zagar | | Date of Receipt 08 / 23 / 2010 Transaction ID : 32190065 |
| Mailing Address 127 Brookview Ave | | Amount of Each Receipt this Period 500.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Rita M. Richardson | | Date of Receipt 08 / 23 / 2010 Transaction ID : 32190334 |
| Mailing Address 620 Main Street North, #214 | | Amount of Each Receipt this Period 1000.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| 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 49 |
| | <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. Douglas S. Stuart
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Collier Commons Cir NW
 City Atlanta State GA Zip Code 30318-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peachtree Neurological Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 23 / 2010**
Transaction ID : 32190345
 Amount of Each Receipt this Period **500.00**

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 / 23 / 2010**
Transaction ID : 32190827
 Amount of Each Receipt this Period **1000.00**

C. Dr. Jonathan L. Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 12270 No. 78th Place
 City Scottsdale State AZ Zip Code 85260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 23 / 2010**
Transaction ID : 32190829
 Amount of Each Receipt this Period **250.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 49 |
| | <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. Brian N. Kirschner
 Full Name (Last, First, Middle Initial)
 Mailing Address 29946 Mayfair Drive
 City Farmington Hills State MI Zip Code 48331-2152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2010
Transaction ID : 32194843
 Amount of Each Receipt this Period 500.00

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 08 / 30 / 2010
Transaction ID : 32210693
 Amount of Each Receipt this Period 100.00

C. Dr. Todd J. Janus
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Muskogee Avenue
 City Des Moines State IA Zip Code 50312-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Health Physicians Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 08 / 30 / 2010
Transaction ID : 32210696
 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: | PAGE 20 OF 49 |
| (check only one) | |
| <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. Maureen A. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6059
 1617 Sylvester St SW
 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: 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 / 01 / 2010
Transaction ID : 32223958
 Amount of Each Receipt this Period
250.00

B. Dr. Glen R. Finney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9235 NW 26th Avenue
 City Gainesville State FL Zip Code 32606-9180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **769.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2010
Transaction ID : 32223960
 Amount of Each Receipt this Period
89.00

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 **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2010
Transaction ID : 32223964
 Amount of Each Receipt this Period
250.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 589.00 |
| 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 21 OF 49 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dr. Joseph S. Kass | | Date of Receipt MM / DD / YYYY 09 / 01 / 2010 Transaction ID : 32223968 |
| Mailing Address 4929 Valerie | | Amount of Each Receipt this Period 500.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Dominic B. Fee | | Date of Receipt MM / DD / YYYY 09 / 02 / 2010 Transaction ID : 32223977 |
| Mailing Address 1224 Litchfield Ln | | Amount of Each Receipt this Period 2000.00 |
| City Lexington | State KY | Zip Code 40513-1794 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 3000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Judy S. Fine-Edelstein | | Date of Receipt MM / DD / YYYY 09 / 02 / 2010 Transaction ID : 32224470 |
| Mailing Address 27 Saddle Club Road | | Amount of Each Receipt this Period 500.00 |
| City Lexington | State MA | Zip Code 02420-2121 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2550.00 |
| 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 22 OF 49 |
| | <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. 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 08 | | 2010 |

Transaction ID : 32240910

Amount of Each Receipt this Period
500.00

B. Dr. Steven Demeter
Full Name (Last, First, Middle Initial)

Mailing Address 4849 Rancho Grande

| | | |
|-----------------|-------------|------------------------|
| City Del Mar | State CA | Zip Code 92014-4241 |
|-----------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer Medlink Corporation | 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 |
| 09 | | 09 | | 2010 |

Transaction ID : 32242023

Amount of Each Receipt this Period
1000.00

C. Dr. Jeffrey B. English
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Downwood Cir NW Ste 550

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30327-1624 |
|-----------------|-------------|------------------------|

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

| | |
|---------------------------------------|---------------------------|
| Name of Employer Piedmont Hospital | Occupation Neurologist |
|---------------------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 14 | | 2010 |

Transaction ID : 32269869

Amount of Each Receipt this Period
250.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 23 OF 49 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Dr. David T. Greco | | Date of Receipt MM / DD / YYYY 09 / 14 / 2010 Transaction ID : 32272192 |
| Mailing Address 17 West Ridge Road | | Amount of Each Receipt this Period 500.00 |
| City New Fairfield | State CT | Zip Code 06812-4904 |
| FEC ID number of contributing federal political committee. C | 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. Dr. Drasko Simovic | | Date of Receipt MM / DD / YYYY 09 / 14 / 2010 Transaction ID : 32276996 |
| Mailing Address 50 Prospect St Rm 404 | | Amount of Each Receipt this Period 500.00 |
| City Lawrence | State MA | Zip Code 01841-2838 |
| FEC ID number of contributing federal political committee. C | Name of Employer Tufts University School of Medicine | 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) C. Dr. Donald S. Gervais Jr. | | Date of Receipt MM / DD / YYYY 09 / 14 / 2010 Transaction ID : 32277698 |
| Mailing Address 8120 Main St Ste 400 | | Amount of Each Receipt this Period 1500.00 |
| City Houma | State LA | Zip Code 70360-3403 |
| FEC ID number of contributing federal political committee. C | Name of Employer Southeast Neuroscience Center of Excel | Occupation Neurologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | |
|--|---------|
| 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 24 OF 49 |
| | <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. Benjamin M. Frishberg
Full Name (Last, First, Middle Initial)

Mailing Address 5145 Seagrove Ct

City San Diego State CA Zip Code 92130-3208

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

Name of Employer The Neurology Center 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 / 14 / 2010
Transaction ID : 32279753

Amount of Each Receipt this Period
 250.00

B. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2010
Transaction ID : 32281029

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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2010
Transaction ID : 32281820

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 49 |
| | <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. Larry Charleston IV
Full Name (Last, First, Middle Initial)

Mailing Address 5841 West River Dr NE

City Belmont State MI Zip Code 49306-8806

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

Name of Employer Public Policy Fellow Occupation Fellow

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
09 / 15 / 2010
Transaction ID : 32282033

Amount of Each Receipt this Period
100.00

B. 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 ▼ **900.00**

Date of Receipt
09 / 15 / 2010
Transaction ID : 32282035

Amount of Each Receipt this Period
100.00

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

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
09 / 15 / 2010
Transaction ID : 32282038

Amount of Each Receipt this Period
100.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 49 |
| <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. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 9235 NW 26th Avenue

| | | |
|---------------------|-------------|------------------------|
| City Gainesville | State FL | Zip Code 32606-9180 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2010 |

Transaction ID : 32282046

Amount of Each Receipt this Period

| |
|-------|
| 89.00 |
|-------|

B. Dr. Ralph F. Jozefowicz
Full Name (Last, First, Middle Initial)

Mailing Address 78 Lac Kine Drive

| | | |
|-------------------|-------------|-------------------|
| City Rochester | State NY | Zip Code 14618 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer University of Rochester | 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 |
| 09 | / | 15 | / | 2010 |

Transaction ID : 32282054

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C. 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 ▼ **750.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2010 |

Transaction ID : 32282057

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 589.00 |
| 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 27 OF 49
(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. James M. Gilchrist
 Full Name (Last, First, Middle Initial)
 Mailing Address 586 Old Westport Rd
 City North Dartmouth State MA Zip Code 02747-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Foundation Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2010
Transaction ID : 32282063
 Amount of Each Receipt this Period
 125.00

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2010
Transaction ID : 32282068
 Amount of Each Receipt this Period
 250.00

C. Dr. P. David Charles
 Full Name (Last, First, Middle Initial)
 Mailing Address 6509 Edinburgh Drive
 City Nashville State TN Zip Code 37221-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ Dept of Neuro 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
 09 / 23 / 2010
Transaction ID : 32319732
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1375.00
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 28 OF 49 |
| | <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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2010
Transaction ID : 32322885
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert B. Daroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 14260 Larchmere Blvd
 City Cleveland State OH Zip Code 44120-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University 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 / 25 / 2010
Transaction ID : 32322887
 Amount of Each Receipt this Period
 250.00

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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2010
Transaction ID : 32334903
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 29 OF 49 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Todd J. Janus | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2010 Transaction ID : 32334909 |
| Mailing Address 4008 Muskogee Avenue | | Amount of Each Receipt this Period 100.00 |
| City Des Moines | State IA | Zip Code 50312-4627 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Iowa Health Physicians | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 868.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Lily Jung-Henson | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2010 Transaction ID : 32350442 |
| Mailing Address 9420 SE 54th St | | Amount of Each Receipt this Period 250.00 |
| City Mercer Island | State WA | Zip Code 98040-5121 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Swedish Neurosci. Institute, Swedish H | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Mark S. Corazza | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2010 Transaction ID : 32351033 |
| Mailing Address 2431 Castillo St | | Amount of Each Receipt this Period 1000.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1350.00 |
| 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 30 OF 49
(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. Full Name (Last, First, Middle Initial)
Dr. Robert B. Daroff

Mailing Address 14260 Larchmere Blvd

City Cleveland State OH Zip Code 44120-1316

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

Name of Employer Case Western Reserve University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2010

Transaction ID : 32351090

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.00 |
| TOTAL This Period (last page this line number only).....▶ | 26723.00 |

**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 checked="" type="checkbox"/> 22 | <input 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. AANPA Soft Dollar Account

Mailing Address 1080 Montreal Ave

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Transfer of receipt reported on line 17A on 7/27/2010

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 32088328

Amount of Each Disbursement this Period

Transfer of receipt reported on line 17A on 7/27/2010

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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 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. Republican Main Street PAC | | Date of Disbursement MM / DD / YYYY 07 / 01 / 2010 |
| Mailing Address 325 7th Street, NW Suite 610 | | Transaction ID : 31962876 |
| City Washington | State DC | |
| Purpose of Disbursement Caucus PAC Contribution | Zip Code 20004 | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/Type 011 | Caucus PAC Contribution |
| 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. Georgians For Isakson | | Date of Disbursement MM / DD / YYYY 07 / 14 / 2010 |
| Mailing Address Post Office Box 250116 | | Transaction ID : 32014675 |
| City Atlanta | State GA | |
| Purpose of Disbursement Campaign Contribution | Zip Code 30325 | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Sen. Johnny Isakson | Category/Type 011 | Campaign Contribution |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: GA District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. People For Patty Murray | | Date of Disbursement MM / DD / YYYY 07 / 14 / 2010 |
| Mailing Address PO Box 3662 | | Transaction ID : 32014678 |
| City Seattle | State WA | |
| Purpose of Disbursement Campaign Contribution | Zip Code 98124 | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Sen. Patty Murray | Category/Type 011 | Campaign Contribution |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WA District: | | |

| | |
|--|---------|
| 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. Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Michael F. Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 32055926

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City State Zip Code
Columbia SC 29211

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 32055929

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement

011

Candidate Name
Rep. Michael Avery Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 32055930

Amount of Each Disbursement this Period

1000.00

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. Ryan For Congress

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Paul D. Ryan

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2010

Transaction ID : 32058535

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City State Zip Code
Plano TX 75086

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Samuel Robert Johnson

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2010

Transaction ID : 32058537

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City State Zip Code
Charlotte NC 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: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2010

Transaction ID : 32059442

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"/> 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

Candidate Name

Rep. Erik P. Paulsen

Category/
Type

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 / 21 / 2010

Transaction ID : 32059510

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2010

Transaction ID : 32059511

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2010

Transaction ID : 32059515

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

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Eliot L. Engel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2010

Transaction ID : 32059516

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2010

Transaction ID : 32059517

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2010

Transaction ID : 32059520

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

5000.00

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

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2010

Transaction ID : 32075752

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Debbie Wasserman-Schultz

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 20

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2010

Transaction ID : 32076474

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

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

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Erik P. Paulsen

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2010

Transaction ID : 32190718

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)

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

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Eric I. Cantor

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2010

Transaction ID : 32190719

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Mark Steven Kirk

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2010

Transaction ID : 32190830

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2010

Transaction ID : 32210075

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

Full Name (Last, First, Middle Initial)

A. Berkley For Congress

Mailing Address 3077 E Warm Springs Rd Suite 300

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Shelley Berkley

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2010

Transaction ID : 32225396

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. 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
State: CO District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2010

Transaction ID : 32225746

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2010

Transaction ID : 32235970

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Charles E. Grassley

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IA District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2010

Transaction ID : 32247909

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Victory Now

Mailing Address 10605 Concord Street, Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Leadership PAC

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2010

Transaction ID : 32277125

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Henry Cuellar

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District: 28

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2010

Transaction ID : 32277679

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

3000.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Void - Wyden For Senate

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2010

Transaction ID : 32283512

Amount of Each Disbursement this Period

-1500.00

Void - Wyden For Senate

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2010

Transaction ID : 32283513

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Braley For Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bruce Braley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2010

Transaction ID : 32283519

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. ERIC PAC

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Leadership PAC contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 32283520

Amount of Each Disbursement this Period

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Dan Benishek

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

Disbursement For: 2010 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 32283525

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Michaud For Congress

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
campaign contribution

Candidate Name

Rep. Michael H. Michaud

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

Disbursement For: 2010 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 32311150

Amount of Each Disbursement this Period

campaign contribution

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)

| | | | | | |
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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. Sangisetty For Congress, Llc

Mailing Address PO Box 7051

City: Houma State: LA Zip Code: 70361

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Mr. Ravi Sangisetty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2010

Transaction ID : 32311152

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Gingrey For Congress, Inc.

Mailing Address PO Box U

City: Marietta State: GA Zip Code: 30060

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Phil Gingrey M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2010

Transaction ID : 32311154

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Continuing a Majority PAC

Mailing Address 2501 Wisconsin Ave. NW
#304

City: Washington State: DC Zip Code: 20007

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 / 2010

Transaction ID : 32311158

Amount of Each Disbursement this Period

1500.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
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| | | | | | |
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Lois Capps

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: CA District: 23

Date of Disbursement

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID : 32311167

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Mailing Address PO Box 235

City State Zip Code
Olympia WA 98507

Purpose of Disbursement
Campaign Contribution

Candidate Name
Mr. Dennis Heck

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: WA District: 10

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID : 32311182

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Rogers For Congress

Mailing Address PO Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Michael J. Rogers

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: MI District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 1 | 0 |

Transaction ID : 32316172

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Campaign Contribution

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

**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. Bill Cassidy For Congress

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Bill Cassidy MD

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2010

Transaction ID : 32316173

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Giffords For Congress

Mailing Address PO Box 12886

City State Zip Code
Tucson AZ 85732

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name

Rep. Gabrielle Giffords

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2010

Transaction ID : 32316174

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Friends For Harry Reid

Mailing Address P.O. Box 19163

City State Zip Code
Las Vegas NV 89132

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name

Sen. Harry Reid

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2010

Transaction ID : 32316176

Amount of Each Disbursement this Period

1500.00

Campaign contribution

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

3500.00

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. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Campaign contribution

011

Candidate Name
Sen. Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2010

Transaction ID : 32319652

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

B. Mccollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
Campaign contribution

011

Candidate Name
Rep. Betty McCollum

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2010

Transaction ID : 32319690

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. 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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2010

Transaction ID : 32319692

Amount of Each Disbursement this Period

2500.00

Campaign contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name
Rep. Edwin Perlmutter

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2010

Transaction ID : 32321450

Amount of Each Disbursement this Period

3500.00

Campaign contribution

Full Name (Last, First, Middle Initial)

B. Hoeven For Senate

Mailing Address PO Box 15114

City State Zip Code
Arlington VA 22215

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name
Sen. John Hoeven

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2010

Transaction ID : 32332762

Amount of Each Disbursement this Period

5000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name
Rep. Fortney Peter Stark

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2010

Transaction ID : 32337803

Amount of Each Disbursement this Period

2500.00

Campaign contribution

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

11000.00

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"/> 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. Andy Harris For Congress

Mailing Address PO Box 426

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Andy Harris

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2010

Transaction ID : 32346500

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Frank Pallone Jr.

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2010

Transaction ID : 32346505

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Debbie Wasserman-Schultz

Office Sought: House
 Senate
 President
State: FL District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2010

Transaction ID : 32346514

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Russ Carnahan In Congress Committee

Mailing Address PO Box 190033

City State Zip Code
St Louis MO 63119

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. Russ Carnahan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2010

Transaction ID : 32347192

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City State Zip Code
Winston-Salem NC 27113

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2010

Transaction ID : 32347488

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism

Mailing Address P.O. Box 65314

City State Zip Code
Washington DC 20035

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 / 29 / 2010

Transaction ID : 32347491

Amount of Each Disbursement this Period

500.00

Leadership PAC

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

2500.00

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

66000.00