

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>	<input type="text" value="153878.00"/>	<input type="text" value="153878.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="173282.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="114765.16"/>	<input type="text" value="246770.02"/>
(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="288048.02"/>	<input type="text" value="400648.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="131100.00"/>	<input type="text" value="244700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="156948.02"/>	<input type="text" value="155948.02"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	64698.16	159770.16
(ii) Unitemized	50067.00	86999.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	114765.16	246770.02
(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)	114765.16	246770.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	114765.16	246770.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	114765.16	246770.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131000.00	244500.00
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	100.00	200.00
(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)).....	100.00	200.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	131100.00	244700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131100.00	244700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	114765.16	246770.02
34. Total Contribution Refunds (from Line 28(d))	100.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114665.16	246570.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 129
	<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. Charles W. Brock
Full Name (Last, First, Middle Initial)

Mailing Address 18002 Wynthorne Dr

City Tampa State FL Zip Code 33647-3191

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

Name of Employer University of Florida Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : 33501287

Amount of Each Receipt this Period
 125.00

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 ▼ 1153.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : 33501289

Amount of Each Receipt this Period
 89.00

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

Mailing Address 4929 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : 33501291

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	264.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 129
	<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. Lyzette E. Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Glen Hill Ln
 City Tarrytown State NY Zip Code 10591-5061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronx Medical Neuro Care Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 01 / 2011
Transaction ID : 33501293
 Amount of Each Receipt this Period 100.00

B. Dr. Margaret E. Burnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 Beethoven St Apt 302
 City Los Angeles State CA Zip Code 90066-7502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2011
Transaction ID : 33501295
 Amount of Each Receipt this Period 125.00

C. Dr. Syed Sajid Hasan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Parkview Run NW
 City Atlanta State GA Zip Code 30318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Se;lf Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2011
Transaction ID : 33501303
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 129
	<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. Donald S. Gervais Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8120 Main St Ste 400

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2011

Transaction ID : 33531034

Amount of Each Receipt this Period
 1500.00

B. Dr. Katherine A. Henry
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 33rd St Apt 16M

City New York State NY Zip Code 10016-9419

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

Name of Employer NYU School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 33541242

Amount of Each Receipt this Period
 200.00

C. Dr. Corey C. Ford
Full Name (Last, First, Middle Initial)

Mailing Address 14017 Wind Mountain Rd, NE

City Albuquerque State NM Zip Code 87112-6562

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

Name of Employer University of NM Health Science Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2011

Transaction ID : 33543659

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 129
	<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. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 11 Bellwether Way
Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 13 / 2011
Transaction ID : 33547507

Amount of Each Receipt this Period
100.00

B. 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 ▼
868.00

Date of Receipt
07 / 13 / 2011
Transaction ID : 33547518

Amount of Each Receipt this Period
312.00

C. Dr. Alexander Krob
Full Name (Last, First, Middle Initial)

Mailing Address 2121 NE 139th St
Suite 400

City Vancouver State WA Zip Code 98686-2742

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

Name of Employer Dept of Neurology Unc Hospitals Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
444.00

Date of Receipt
07 / 15 / 2011
Transaction ID : 33560963

Amount of Each Receipt this Period
111.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 523.00

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 129
	<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. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
07 / 15 / 2011
Transaction ID : 33560973

Amount of Each Receipt this Period
150.00

B. 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 ▼
700.00

Date of Receipt
07 / 15 / 2011
Transaction ID : 33560975

Amount of Each Receipt this Period
100.00

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

Mailing Address 127 Brookview Ave

City State Zip Code
Fairfield CT 06825-1867

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 15 / 2011
Transaction ID : 33560979

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 129
<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

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

Full Name (Last, First, Middle Initial) A. Dr. Dariush Saghafi		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : 33560983
Mailing Address 2741 Belgrave Rd		Amount of Each Receipt this Period 100.00
City Pepper Pike	State OH	Zip Code 44124-4601
FEC ID number of contributing federal political committee. C		
Name of Employer Parma Neurology	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. Glen R. Finney		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : 33560998
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1242.00	

Full Name (Last, First, Middle Initial) C. Dr. Katherine A. Henry		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : 33561002
Mailing Address 300 E 33rd St Apt 16M		Amount of Each Receipt this Period 200.00
City New York	State NY	Zip Code 10016-9419
FEC ID number of contributing federal political committee. C		
Name of Employer NYU School of Medicine	Occupation Physician	
Receipt For: <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).....▶	389.00
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 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Michael J. Wasserman		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : 33561007
Mailing Address 8780 W Golf Rd Ste 202 Golf Western Prof Bldg		Amount of Each Receipt this Period 142.86
City Niles	State IL	Zip Code 60714-5608
FEC ID number of contributing federal political committee. C	Name of Employer Lake Cook Neurological Consultants, S.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.72	

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : 33561013
Mailing Address 806 Timber Hill Road		Amount of Each Receipt this Period 111.00
City Highland Park	State IL	Zip Code 60035-5121
FEC ID number of contributing federal political committee. C	Name of Employer Rush Univ. Med. Ctr.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00	

Full Name (Last, First, Middle Initial) C. Dr. Suriya A. Jeyapalan		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : 33561091
Mailing Address 593 Eddy Street APC 712 Rhode Island Hospital		Amount of Each Receipt this Period 50.00
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. C	Name of Employer Neurology Foundation	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	303.86
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 129
	<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. Thomas Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Prospect Dr
Address 3

City Missoula State MT Zip Code 59808-8608

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
07 / 15 / 2011
Transaction ID : 33561105

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 ▼
595.00

Date of Receipt
07 / 15 / 2011
Transaction ID : 33561110

Amount of Each Receipt this Period
85.00

C. Dr. Lynne P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City Boston State MA Zip Code 02116-5449

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

Name of Employer Virginia Mason Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
826.00

Date of Receipt
07 / 19 / 2011
Transaction ID : 33567406

Amount of Each Receipt this Period
236.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 571.00

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 129
	<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. John B. Townsend
Full Name (Last, First, Middle Initial)

Mailing Address 774 Christiana Rd Ste 201

City Newark	State DE	Zip Code 19713-4221
----------------	-------------	------------------------

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

Name of Employer The Neurology Practices	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2011

Transaction ID : 33567530

Amount of Each Receipt this Period
1000.00

B. 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
07	/	19	/	2011

Transaction ID : 33567693

Amount of Each Receipt this Period
500.00

C. Dr. Tommy Yee
Full Name (Last, First, Middle Initial)

Mailing Address 1913 S 1st St Ste 200

City McAllen	State TX	Zip Code 78503-1373
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2011

Transaction ID : 33590084

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 15 OF 129
	<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. Mariecken V. Fowler
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Courtfield Ave
 Winchester Neurological Consul
 City Winchester State VA Zip Code 22601-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Neurological Consultants Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2011
Transaction ID : 33598318
 Amount of Each Receipt this Period
1000.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2011
Transaction ID : 33607850
 Amount of Each Receipt this Period
100.00

C. Dr. Carolyn L. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Bellwether Way
 Suite 210
 City Bellingham State WA Zip Code 98229-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Neurology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2011
Transaction ID : 33607852
 Amount of Each Receipt this Period
100.00

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 16 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Gregory L. Barkley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2011 Transaction ID : 33607854
Mailing Address 2890 Burlington St		Amount of Each Receipt this Period 156.00
City Ann Arbor	State MI	Zip Code 48105-1435
FEC ID number of contributing federal political committee. C	Name of Employer Henry Ford Hospital	Occupation Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1024.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory T. Pupillo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2011 Transaction ID : 33607856
Mailing Address 225 9th Street S,		Amount of Each Receipt this Period 50.00
City La Crosse	State WI	Zip Code 54601-4145
FEC ID number of contributing federal political committee. C	Name of Employer Franciscan-Skemp Healthcare	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) C. Dr. Lynne P. Taylor		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2011 Transaction ID : 33607858
Mailing Address 1 Charles St S Unit 5D		Amount of Each Receipt this Period 118.00
City Boston	State MA	Zip Code 02116-5449
FEC ID number of contributing federal political committee. C	Name of Employer Virginia Mason Medical Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 944.00	

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 129
	<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. 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 **750.00**

Date of Receipt **07 / 28 / 2011**
Transaction ID : 33607860
 Amount of Each Receipt this Period **375.00**

B. 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 **700.00**

Date of Receipt **07 / 28 / 2011**
Transaction ID : 33607862
 Amount of Each Receipt this Period **100.00**

C. Dr. Elaine C. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 603253
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 01 / 2011**
Transaction ID : 33621151
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **725.00**
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 129
	<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. 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 ▼ 1331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : 33621153

Amount of Each Receipt this Period
 89.00

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

Mailing Address 4929 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : 33621208

Amount of Each Receipt this Period
 50.00

C. Dr. Lyzette E. Velazquez
Full Name (Last, First, Middle Initial)

Mailing Address 29 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5061

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

Name of Employer Bronx Medical Neuro Care Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : 33621212

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	239.00
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 129
	<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. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)

Mailing Address 1280 W Peachtree St NW Apt 3904

City	State	Zip Code
Atlanta	GA	30309-3444

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

Name of Employer	Occupation
Morehouse School of Medicine	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2011

Transaction ID : 33621406

Amount of Each Receipt this Period
1000.00

B. Dr. Eugene May
Full Name (Last, First, Middle Initial)

Mailing Address 1919 Fairmount Ave SW

City	State	Zip Code
Seattle	WA	98126-2075

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

Name of Employer	Occupation
Seattle Radiologists	Neuro-ophthalmologist

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	/	14	/	2011

Transaction ID : 33650090

Amount of Each Receipt this Period
500.00

C. Dr. Alexander Krob
Full Name (Last, First, Middle Initial)

Mailing Address 2121 NE 139th St Suite 400

City	State	Zip Code
Vancouver	WA	98686-2742

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

Name of Employer	Occupation
Dept of Neurology Unc Hospitals	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : 33650116

Amount of Each Receipt this Period
111.00

SUBTOTAL of Receipts This Page (optional).....▶	1611.00
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 20 OF 129
	<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. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
08 / 15 / 2011
Transaction ID : 33650121

Amount of Each Receipt this Period
150.00

B. 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 ▼
800.00

Date of Receipt
08 / 15 / 2011
Transaction ID : 33650125

Amount of Each Receipt this Period
100.00

C. Dr. Dariush Saghafi
Full Name (Last, First, Middle Initial)

Mailing Address 2741 Belgrave Rd

City State Zip Code
Pepper Pike OH 44124-4601

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

Name of Employer Occupation
Parma Neurology Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
08 / 15 / 2011
Transaction ID : 33650131

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 129
<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

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. 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 ▼
1420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : 33650136

Amount of Each Receipt this Period
89.00

B. Dr. Katherine A. Henry
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 33rd St Apt 16M

City New York	State NY	Zip Code 10016-9419
------------------	-------------	------------------------

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

Name of Employer NYU School of Medicine	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : 33650144

Amount of Each Receipt this Period
200.00

C. Dr. Lynne P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City Boston	State MA	Zip Code 02116-5449
----------------	-------------	------------------------

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

Name of Employer Virginia Mason Medical Center	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1062.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : 33650146

Amount of Each Receipt this Period
118.00

SUBTOTAL of Receipts This Page (optional).....▶	407.00
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 129
	<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. Michael J. Wasserman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8780 W Golf Rd Ste 202
 Golf Western Prof Bldg
 City Nilis State IL Zip Code 60714-5608
 Name of Employer Lake Cook Neurological Consultants, S.
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.58

Date of Receipt 08 / 15 / 2011
Transaction ID : 33650148
 Amount of Each Receipt this Period 142.86

B. Dr. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 Timber Hill Road
 City Highland Park State IL Zip Code 60035-5121
 Name of Employer Rush Univ. Med. Ctr.
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 08 / 15 / 2011
Transaction ID : 33650158
 Amount of Each Receipt this Period 111.00

C. Dr. Suriya A. Jeyapalan
 Full Name (Last, First, Middle Initial)
 Mailing Address 593 Eddy Street APC 712
 Rhode Island Hospital
 City Providence State RI Zip Code 02903
 Name of Employer Neurology Foundation
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2011
Transaction ID : 33650160
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 303.86
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 129
	<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. 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 ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : 33650164

Amount of Each Receipt this Period
85.00

B. Dr. Matthew J. Murnane
Full Name (Last, First, Middle Initial)

Mailing Address 47 New Scotland Ave
MC-70, Dept of Neurology

City Albany State NY Zip Code 12208-3479

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

Name of Employer Albany Medical College 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
 08 / 24 / 2011

Transaction ID : 33692734

Amount of Each Receipt this Period
1000.00

C. Dr. Carmela L. Tardo
Full Name (Last, First, Middle Initial)

Mailing Address 604 Mulligan Way

City Saint Augustine State FL Zip Code 32080-5812

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

Name of Employer Children's Hospital/Neurology Dept 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 / 27 / 2011

Transaction ID : 33695507

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
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 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Marc Raphaelson		Date of Receipt 08 / 27 / 2011 Transaction ID : 33695509
Mailing Address 20583 Trappe Road		Amount of Each Receipt this Period 500.00
City Upperville	State VA	Zip Code 20184-3021
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee		Date of Receipt 08 / 29 / 2011 Transaction ID : 33696006
Mailing Address 1199 Sennebec Rd		Amount of Each Receipt this Period 100.00
City Union	State ME	Zip Code 04862-4628
FEC ID number of contributing federal political committee.	C	
Name of Employer Penobscot Bay Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dr. Carolyn L. Taylor		Date of Receipt 08 / 29 / 2011 Transaction ID : 33696010
Mailing Address 11 Bellwether Way Suite 210		Amount of Each Receipt this Period 100.00
City Bellingham	State WA	Zip Code 98229-2574
FEC ID number of contributing federal political committee.	C	
Name of Employer Northwest Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Gregory L. Barkley			Date of Receipt MM / DD / YYYY 08 / 29 / 2011 Transaction ID : 33696013
Mailing Address 2890 Burlington St			Amount of Each Receipt this Period 156.00
City Ann Arbor	State MI	Zip Code 48105-1435	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1180.00	
Name of Employer Henry Ford Hospital		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Gregory T. Pupillo			Date of Receipt MM / DD / YYYY 08 / 29 / 2011 Transaction ID : 33696016
Mailing Address 225 9th Street S,			Amount of Each Receipt this Period 50.00
City La Crosse	State WI	Zip Code 54601-4145	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Franciscan-Skemp Healthcare		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Lynne P. Taylor			Date of Receipt MM / DD / YYYY 08 / 29 / 2011 Transaction ID : 33696018
Mailing Address 1 Charles St S Unit 5D			Amount of Each Receipt this Period 118.00
City Boston	State MA	Zip Code 02116-5449	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1180.00	
Name of Employer Virginia Mason Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 129
	<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. 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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2011

Transaction ID : 33696024

Amount of Each Receipt this Period
100.00

B. Dr. Alan G. Stein
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Punchbowl St

City Honolulu State HI Zip Code 96813-2402

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

Name of Employer The Queen's Medical Center 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 / 01 / 2011

Transaction ID : 33700061

Amount of Each Receipt this Period
125.00

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1509.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : 33700063

Amount of Each Receipt this Period
89.00

SUBTOTAL of Receipts This Page (optional).....▶	314.00
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 27 OF 129
	<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 Belleaire 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : 33700065

Amount of Each Receipt this Period
 50.00

B. Dr. Lyzette E. Velazquez
Full Name (Last, First, Middle Initial)

Mailing Address 29 Glen Hill Ln

City Tarrytown State NY Zip Code 10591-5061

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

Name of Employer Bronx Medical Neuro Care Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : 33700068

Amount of Each Receipt this Period
 100.00

C. Dr. Leo R. Germin
Full Name (Last, First, Middle Initial)

Mailing Address 1691 W Horizon Ridge Pkwy

City Henderson State NV Zip Code 89012-3494

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

Name of Employer Clinical Neurology Specialists Occupation Neurologist

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
 09 / 01 / 2011

Transaction ID : 33711539

Amount of Each Receipt this Period
 150.00

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 28 OF 129
	<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. Edward F. Good
Full Name (Last, First, Middle Initial)

Mailing Address 3229 Preston Hollow Rd

City Fort Worth State TX Zip Code 76109-2052

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
 09 / 01 / 2011

Transaction ID : 33711541

Amount of Each Receipt this Period
250.00

B. Dr. Jennifer M. Kwon
Full Name (Last, First, Middle Initial)

Mailing Address 24 Burncoat Way

City Pittsford State NY Zip Code 14534-2216

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

Name of Employer University of Rochester 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 / 03 / 2011

Transaction ID : 33712154

Amount of Each Receipt this Period
150.00

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

Mailing Address 127 Brookview Ave

City Fairfield State CT Zip Code 06825-1867

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : 33726284

Amount of Each Receipt this Period
50.00

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 29 OF 129
	<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. 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 ▼ 250.00

Date of Receipt
09 / 09 / 2011
Transaction ID : 33750544

Amount of Each Receipt this Period
250.00

B. Dr. Vernon D. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 8550 Marshall Dr Ste 100

City Lenexa State KS Zip Code 66214-9836

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

Name of Employer MidAmerica Neuroscience Institute Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 09 / 2011
Transaction ID : 33750596

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2400 Hospital Dr Ste 310

City Bossier City State LA Zip Code 71111-2387

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

Name of Employer WK Bossier Health Ctr Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 09 / 2011
Transaction ID : 33750675

Amount of Each Receipt this Period
500.00

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 30 OF 129
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : 33752403
 Amount of Each Receipt this Period
 500.00

B. Dr. Nancy N. Futrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5292 College Dr Ste 204
 City Salt Lake City State UT Zip Code 84123-2960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Intermountain Stroke Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2011
Transaction ID : 33754534
 Amount of Each Receipt this Period
 100.00

C. Dr. David T. Greco
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 West Ridge Road
 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: 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 / 14 / 2011
Transaction ID : 33758829
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 31 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Charles W. Brock
 Full Name (Last, First, Middle Initial)
 Mailing Address 18002 Wynthorne Dr
 City Tampa State FL Zip Code 33647-3191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 15 / 2011
Transaction ID : 33761857
 Amount of Each Receipt this Period 125.00

B. 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 ▼ 1125.00

Date of Receipt 09 / 15 / 2011
Transaction ID : 33761864
 Amount of Each Receipt this Period 375.00

C. Dr. Ignacio M. Carrillo-Nunez
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Festivo
 City Irvine State CA Zip Code 92606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Specialists Med Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2011
Transaction ID : 33761866
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 32 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Bruce H. Cohen		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : 33761882
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : 33761887
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1598.00	

Full Name (Last, First, Middle Initial) C. Dr. James M. Gilchrist		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : 33761893
Mailing Address 586 Old Westport Rd		Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	364.00
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 33 OF 129
	<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. 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 ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 33761895

Amount of Each Receipt this Period
85.00

B. Dr. Syed Sajid Hasan
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Parkview Run NW

City Atlanta State GA Zip Code 30318

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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 33761902

Amount of Each Receipt this Period
125.00

C. Dr. Katherine A. Henry
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 33rd St Apt 16M

City New York State NY Zip Code 10016-9419

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

Name of Employer NYU School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 33761905

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 34 OF 129
	<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. Bruce M. Cotugno
Full Name (Last, First, Middle Initial)

Mailing Address 104 Springbrooke Dr

City Venetia State PA Zip Code 15367-1054

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

Name of Employer Adult Neurology Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2011
Transaction ID : 33761907

Amount of Each Receipt this Period 250.00

B. Dr. Suriya A. Jeyapalan
Full Name (Last, First, Middle Initial)

Mailing Address 593 Eddy Street APC 712 Rhode Island Hospital

City Providence State RI Zip Code 02903

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

Name of Employer Neurology Foundation Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 15 / 2011
Transaction ID : 33761909

Amount of Each Receipt this Period 50.00

C. 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 09 / 15 / 2011
Transaction ID : 33761911

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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 35 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Dr. Alexander Krob		Date of Receipt 09 / 15 / 2011 Transaction ID : 33761913
Mailing Address 2121 NE 139th St Suite 400		Amount of Each Receipt this Period 111.00
City Vancouver	State WA	
Zip Code 98686-2742		Aggregate Year-to-Date ▼ 666.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dept of Neurology Unc Hospitals	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis		Date of Receipt 09 / 15 / 2011 Transaction ID : 33761918
Mailing Address 806 Timber Hill Road		Amount of Each Receipt this Period 111.00
City Highland Park	State IL	
Zip Code 60035-5121		Aggregate Year-to-Date ▼ 666.00
FEC ID number of contributing federal political committee. C		
Name of Employer Rush Univ. Med. Ctr.	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. Daniel C. Potts		Date of Receipt 09 / 15 / 2011 Transaction ID : 33761941
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	
Zip Code 35406-1801		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....	322.00
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 36 OF 129
<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	

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

Full Name (Last, First, Middle Initial) A. Dr. Dariush Saghafi		Date of Receipt
Mailing Address 2741 Belgrave Rd		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City State Zip Code Pepper Pike OH 44124-4601		Transaction ID : 33761943
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Parma Neurology	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Jeremy M. Shefner		Date of Receipt
Mailing Address 7994 Everglades Drive		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City State Zip Code Manlius NY 13104-8501		Transaction ID : 33761968
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer SUNY Upstate Medical University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Lynne P. Taylor		Date of Receipt
Mailing Address 1 Charles St S Unit 5D		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City State Zip Code Boston MA 02116-5449		Transaction ID : 33761975
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="118.00"/>
Name of Employer Virginia Mason Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1298.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="468.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 37 OF 129
	<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. Dario M. Zagar
Full Name (Last, First, Middle Initial)

Mailing Address 127 Brookview Ave

City State Zip Code
Fairfield CT 06825-1867

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
09 / 15 / 2011
Transaction ID : 33761999

Amount of Each Receipt this Period
50.00

B. Dr. John E. Robinton
Full Name (Last, First, Middle Initial)

Mailing Address 33 N Fullerton Ave

City State Zip Code
Montclair NJ 07042-3412

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

Name of Employer Occupation
John E Robinton MD PA Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 15 / 2011
Transaction ID : 33762151

Amount of Each Receipt this Period
250.00

C. Dr. Deborah L. Carver
Full Name (Last, First, Middle Initial)

Mailing Address 14203 Melrose Circle

City State Zip Code
Helotes TX 78023

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

Name of Employer Occupation
Neurology Mgmt. Services Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 15 / 2011
Transaction ID : 33769954

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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 38 OF 129
<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

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. Bill D. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 19B Gruene Park Dr

City New Braunfels	State TX	Zip Code 78130-2459
-----------------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 33770447

Amount of Each Receipt this Period
 250.00

B. Dr. Thomas A. Ala
Full Name (Last, First, Middle Initial)

Mailing Address 310 Long Bay Drive

City Springfield	State IL	Zip Code 62712-5530
---------------------	-------------	------------------------

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

Name of Employer Southern Illinois University - School	Occupation Associate Professor
---	-----------------------------------

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
 09 / 15 / 2011
Transaction ID : 33770451

Amount of Each Receipt this Period
 200.00

C. Dr. David C. Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Summit Ave

City Saint Paul	State MN	Zip Code 55105-1460
--------------------	-------------	------------------------

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

Name of Employer Univ of Minnesota	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 / 19 / 2011
Transaction ID : 33785591

Amount of Each Receipt this Period
 200.00

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 39 OF 129
	<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. Margaret E. Burnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 Beethoven St Apt 302
 City Los Angeles State CA Zip Code 90066-7502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 09 / 22 / 2011
Transaction ID : 33807934
 Amount of Each Receipt this Period
125.00

B. Dr. David K. Urion
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Longwood Ave Dept Neurology/Fegan 11
 City Boston State MA Zip Code 02115-5724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Childrens Hospital Occupation Child Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 09 / 22 / 2011
Transaction ID : 33807967
 Amount of Each Receipt this Period
500.00

C. Dr. Scott L. Selco
 Full Name (Last, First, Middle Initial)
 Mailing Address 4616 W Sahara Ave #335
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 09 / 22 / 2011
Transaction ID : 33808062
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1625.00**
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 40 OF 129
	<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. Joel M. Dean
Full Name (Last, First, Middle Initial)

Mailing Address 1060 Orchard Ave Unit G

City Grand Junction State CO Zip Code 81501-2997

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

Name of Employer Community Health Providers Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2011

Transaction ID : 33809246

Amount of Each Receipt this Period
500.00

B. Dr. Michael R. Yochelson
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Commander Drive

City Hyattsville State MD Zip Code 20782

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

Name of Employer National Rehabilitation Hospital 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 / 25 / 2011

Transaction ID : 33809248

Amount of Each Receipt this Period
1000.00

C. Dr. Gregory B. Kirkorowicz
Full Name (Last, First, Middle Initial)

Mailing Address 26 Sage Crk

City Irvine State CA Zip Code 92603-0411

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 ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : 33811762

Amount of Each Receipt this Period
1300.00

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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 41 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Dr. David M. Labiner		Date of Receipt 09 / 27 / 2011 Transaction ID : 33811883
Mailing Address 1501 N. Campbell Ave. Box 245023		Amount of Each Receipt this Period 250.00
City Tucson	State AZ Zip Code 85724-5023	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Arizona Health Sciences Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gregory L. Barkley		Date of Receipt 09 / 28 / 2011 Transaction ID : 33814350
Mailing Address 2890 Burlington St		Amount of Each Receipt this Period 156.00
City Ann Arbor	State MI Zip Code 48105-1435	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1336.00
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Todd J. Janus		Date of Receipt 09 / 28 / 2011 Transaction ID : 33815247
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		Aggregate Year-to-Date ▼ 900.00
Name of Employer Iowa Health Physicians	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	506.00
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 42 OF 129
	<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. Gregory T. Pupillo
Full Name (Last, First, Middle Initial)

Mailing Address 225 9th Street S,
City La Crosse State WI Zip Code 54601-4145

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

Name of Employer Franciscan-Skemp Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
09 / 28 / 2011
Transaction ID : **33815931**

Amount of Each Receipt this Period
50.00

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 ▼ **900.00**

Date of Receipt
09 / 28 / 2011
Transaction ID : **33816611**

Amount of Each Receipt this Period
100.00

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

Mailing Address 11 Bellwether Way Suite 210
City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
09 / 28 / 2011
Transaction ID : **33817028**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 43 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Dr. Lynne P. Taylor		Date of Receipt 09 / 28 / 2011 Transaction ID : 33817381
Mailing Address 1 Charles St S Unit 5D		Amount of Each Receipt this Period 118.00
City Boston	State MA	Zip Code 02116-5449
FEC ID number of contributing federal political committee. C		
Name of Employer Virginia Mason Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1416.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Wasserman		Date of Receipt 09 / 28 / 2011 Transaction ID : 33817807
Mailing Address 8780 W Golf Rd Ste 202 Golf Western Prof Bldg		Amount of Each Receipt this Period 142.86
City Niles	State IL	Zip Code 60714-5608
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Cook Neurological Consultants, S.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.44	

Full Name (Last, First, Middle Initial) C. Dr. David N. McCollum		Date of Receipt 09 / 29 / 2011 Transaction ID : 33824122
Mailing Address 11151 Castlemain Cir S		Amount of Each Receipt this Period 100.00
City Jacksonville	State FL	Zip Code 32256-4826
FEC ID number of contributing federal political committee. C		
Name of Employer University of Florida	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	360.86
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 44 OF 129
	<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. Eroboghene E. Ubogu
 Full Name (Last, First, Middle Initial)
 Mailing Address 12009 Opal Creek Dr
 City Pearlland State TX Zip Code 77584-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Med. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : 33824158
 Amount of Each Receipt this Period
 250.00

B. Dr. P Scott Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 Centre View Blvd
 City Crestview Hills State KY Zip Code 41017-3444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Becker Neurological Institu Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 33824668
 Amount of Each Receipt this Period
 500.00

C. Dr. Joseph A. Tornabene
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 Millerdale Ave
 City Wenatchee State WA Zip Code 98801-3188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wenatchee Valley Med Ctr. 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
 10 / 01 / 2011
Transaction ID : 33825548
 Amount of Each Receipt this Period
 250.00

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 45 OF 129
	<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. 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 ▼ **1687.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : 33849218

Amount of Each Receipt this Period
89.00

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 ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : 33849429

Amount of Each Receipt this Period
250.00

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : 33849906

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	389.00
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 46 OF 129
	<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. Lyzette E. Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Glen Hill Ln
 City Tarrytown State NY Zip Code 10591-5061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronx Medical Neuro Care Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 04 / 2011**
Transaction ID : 33850365
 Amount of Each Receipt this Period **100.00**

B. Dr. Anil K. Dhuna
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 Gnahn Street
 City Burlington State IA Zip Code 52601-4416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burlington Neurology & Sleep Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 07 / 2011**
Transaction ID : 33863769
 Amount of Each Receipt this Period **500.00**

C. Dr. James M. Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 2325 Maryland Rd Ste 120
 City Willow Grove State PA Zip Code 19090-1758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abington Neurological Associates, Ltd Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 07 / 2011**
Transaction ID : 33863946
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**
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 47 OF 129
	<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. Thomas A. Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1015 E 32nd St Ste 406

City Austin State TX Zip Code 78705-2701

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

Name of Employer Austin Diagnostic Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2011
Transaction ID : 33864016

Amount of Each Receipt this Period 300.00

B. Dr. M Barry Loudon Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4179

City Parkersburg State WV Zip Code 26104-4179

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

Name of Employer Parkersburg Neurological Associates, I Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2011
Transaction ID : 33864038

Amount of Each Receipt this Period 1000.00

c. Dr. Lancelot O. Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 427 Via Del Rey

City Monterey State CA Zip Code 93940

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2011
Transaction ID : 33864042

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 48 OF 129
	<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. Mark S. Corazza
Full Name (Last, First, Middle Initial)

Mailing Address 2431 Castillo St

City Santa Barbara State CA Zip Code 93105-4301

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

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2011
Transaction ID : 33864431

Amount of Each Receipt this Period 1000.00

B. Dr. Mark A. Woodward
Full Name (Last, First, Middle Initial)

Mailing Address 1 Jarrett White Road
Tripler Army Medical Center

City Honolulu State HI Zip Code 96859

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

Name of Employer Dept. of Army-Civil Service Occupation Clinical Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2011
Transaction ID : 33864446

Amount of Each Receipt this Period 500.00

C. Dr. John C. Morris
Full Name (Last, First, Middle Initial)

Mailing Address 8032 Orlando

City Saint Louis State MO Zip Code 63105-2543

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

Name of Employer Washington University School of Medici Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 11 / 2011
Transaction ID : 33865388

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 129
<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

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

Full Name (Last, First, Middle Initial) A. Rod Larson		Date of Receipt 10 / 11 / 2011 Transaction ID : 33865389
Mailing Address 4418 Xerxes Ave S		Amount of Each Receipt this Period 1000.00
City Minneapolis	State MN	Zip Code 55410
FEC ID number of contributing federal political committee. C		
Name of Employer American Academy of Neurology	Occupation Deputy Exec. Director, Center for Heal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael Valente		Date of Receipt 10 / 12 / 2011 Transaction ID : 33865729
Mailing Address 438 Chinquapin Dr		Amount of Each Receipt this Period 100.00
City Lyndhurst	State VA	Zip Code 22952-2911
FEC ID number of contributing federal political committee. C		
Name of Employer Shenandoah Valley Neurological Associa	Occupation Neurology	
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) C. Dr. Richard Mikilitus		Date of Receipt 10 / 13 / 2011 Transaction ID : 33881722
Mailing Address 524 Dixie St Carroll County Neurology PC		Amount of Each Receipt this Period 250.00
City Carrollton	State GA	Zip Code 30117-3805
FEC ID number of contributing federal political committee. C		
Name of Employer carroll county neurology pc	Occupation neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 50 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. David W. Brandes
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Autumn Woods Drive
 City Sweetwater State TN Zip Code 37874-6482
 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 10 / 09 / 2011
Transaction ID : 33888937
 Amount of Each Receipt this Period 100.00

B. Dr. Lindsey Lee Lair
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 E 33rd St Apt 14H
 City New York State NY Zip Code 10016-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merck & Co. Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2011
Transaction ID : 33920610
 Amount of Each Receipt this Period 250.00

C. Dr. Dale J. Lange
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt. Sinai School of Medicine, Dept of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2011
Transaction ID : 33920612
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 51 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Alexander Krob
Full Name (Last, First, Middle Initial)

Mailing Address 2121 NE 139th St
Suite 400

City Vancouver State WA Zip Code 98686-2742

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

Name of Employer Dept of Neurology Unc Hospitals Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **777.00**

Date of Receipt
10 / 17 / 2011

Transaction ID : 33923320

Amount of Each Receipt this Period
111.00

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 ▼ **1500.00**

Date of Receipt
10 / 17 / 2011

Transaction ID : 33923329

Amount of Each Receipt this Period
150.00

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

Mailing Address 127 Brookview Ave

City Fairfield State CT Zip Code 06825-1867

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
10 / 17 / 2011

Transaction ID : 33923340

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **311.00**

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 52 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Dariush Saghafi		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 33923342
Mailing Address 2741 Belgrave Rd		Amount of Each Receipt this Period 100.00
City Pepper Pike	State OH	Zip Code 44124-4601
FEC ID number of contributing federal political committee. C		
Name of Employer Parma Neurology	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 33923378
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1776.00	

Full Name (Last, First, Middle Initial) C. Dr. Jonathan P. Hosey		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 33923382
Mailing Address 1503 Red Ln		Amount of Each Receipt this Period 1000.00
City Danville	State PA	Zip Code 17821-8493
FEC ID number of contributing federal political committee. C		
Name of Employer Geisinger Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1189.00
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 53 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Katherine A. Henry		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 33923384
Mailing Address 300 E 33rd St Apt 16M		Amount of Each Receipt this Period 200.00
City New York	State NY	Zip Code 10016-9419
FEC ID number of contributing federal political committee. C		
Name of Employer NYU School of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. Dr. Lynne P. Taylor		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 33923388
Mailing Address 1 Charles St S Unit 5D		Amount of Each Receipt this Period 118.00
City Boston	State MA	Zip Code 02116-5449
FEC ID number of contributing federal political committee. C		
Name of Employer Virginia Mason Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1534.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven J. Zuckerman		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 33923405
Mailing Address 510 Hidden Lake Court		Amount of Each Receipt this Period 500.00
City Baton Rouge	State LA	Zip Code 70810-4356
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).....▶	818.00
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 54 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 Timber Hill Road
 City Highland Park State IL Zip Code 60035-5121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 777.00

Date of Receipt 10 / 17 / 2011
Transaction ID : 33923410
 Amount of Each Receipt this Period 111.00

B. Dr. Suriya A. Jeyapalan
 Full Name (Last, First, Middle Initial)
 Mailing Address 593 Eddy Street APC 712 Rhode Island Hospital
 City Providence State RI Zip Code 02903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Foundation Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2011
Transaction ID : 33923427
 Amount of Each Receipt this Period 50.00

C. Dr. Thomas Swanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5748 Prospect Dr Address 3
 City Missoula State MT Zip Code 59808-8608
 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 10 / 17 / 2011
Transaction ID : 33923433
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 411.00
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 55 OF 129
<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

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. 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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2011

Transaction ID : 33923438

Amount of Each Receipt this Period
850.00

B. Dr. Daniel B. Hier
Full Name (Last, First, Middle Initial)

Mailing Address 230 W Second St #3106

City Kansas City	State MO	Zip Code 64105
---------------------	-------------	-------------------

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

Name of Employer Cerner Corporation	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2011

Transaction ID : 33928190

Amount of Each Receipt this Period
100.00

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

Mailing Address 143 South St

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

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

Name of Employer MGH Professional Organization	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2011

Transaction ID : 33928237

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	▶	850.00
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 56 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2011
Transaction ID : 33928242
 Amount of Each Receipt this Period
 100.00

B. Dr. Christopher Prusinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Lansing Island
 City Indian Harbour Beach State FL Zip Code 32937
 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 ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2011
Transaction ID : 33930738
 Amount of Each Receipt this Period
 100.00

C. Dr. Sajjan K. Nemani
 Full Name (Last, First, Middle Initial)
 Mailing Address 1054 M L King Dr Ste 124
 City Centralia State IL Zip Code 62801-3065
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2011
Transaction ID : 33930747
 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 57 OF 129
	<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. David A. Josephson
 Full Name (Last, First, Middle Initial)
 Mailing Address 10915 Lakeview Dr
 City Carmel State IN Zip Code 46033-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JWM Neurology PC 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
 10 / 20 / 2011
Transaction ID : 33932856
 Amount of Each Receipt this Period
 500.00

B. Dr. Raymond D. Park
 Full Name (Last, First, Middle Initial)
 Mailing Address 12303 NE 130th Ln Ste 325
 City Kirkland State WA Zip Code 98034-3079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evergreen Surgical Clinic 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
 10 / 22 / 2011
Transaction ID : 33934198
 Amount of Each Receipt this Period
 250.00

C. Dr. Elizabeth Minto
 Full Name (Last, First, Middle Initial)
 Mailing Address 553 N. Mobile Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology: Child and Adult, P.C. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2011
Transaction ID : 33934239
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 58 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Edward F. Good
 Full Name (Last, First, Middle Initial)
 Mailing Address 3229 Preston Hollow Rd
 City Fort Worth State TX Zip Code 76109-2052
 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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2011
Transaction ID : 33934247
 Amount of Each Receipt this Period
 250.00

B. Dr. Thomas M. Rampy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1036 Meadow Ct.
 City Louisville State CO Zip Code 80027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boulder Valley Neurology, PC Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2011
Transaction ID : 33934254
 Amount of Each Receipt this Period
 250.00

c. Dr. Joseph G. Bajorek
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Winchester Ave Ste C
 City Ashland State KY Zip Code 41101-7847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2011
Transaction ID : 33934278
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 59 OF 129
	<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. Charles C. Flippen II

Full Name (Last, First, Middle Initial)
Mailing Address 11319 Isleta Street

City Los Angeles	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer County of LA/ UCLA	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2011

Transaction ID : 33934288

Amount of Each Receipt this Period
200.00

B. Dr. Ronald G. Emerson

Full Name (Last, First, Middle Initial)
Mailing Address 525 East 71st Street
Belaire Building, 5th Floor

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer Columbia-Presbyterian Med Ctr	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2011

Transaction ID : 33934343

Amount of Each Receipt this Period
200.00

C. Dr. Michael J. Wasserman

Full Name (Last, First, Middle Initial)
Mailing Address 8780 W Golf Rd Ste 202
Golf Western Prof Bldg

City Niles	State IL	Zip Code 60714-5608
---------------	-------------	------------------------

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

Name of Employer Lake Cook Neurological Consultants, S.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
714.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2011

Transaction ID : 33944334

Amount of Each Receipt this Period
142.86

SUBTOTAL of Receipts This Page (optional).....▶	542.86
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 60 OF 129
	<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. Bruce M. Cotugno
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Springbrooke Dr
 City Venetia State PA Zip Code 15367-1054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adult Neurology Center 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
 10 / 26 / 2011
Transaction ID : 33945353
 Amount of Each Receipt this Period
 100.00

B. 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 ▼ 1492.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011
Transaction ID : 33952022
 Amount of Each Receipt this Period
 156.00

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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011
Transaction ID : 33952025
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	356.00
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 61 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Gregory T. Pupillo			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011 Transaction ID : 33952028
Mailing Address 225 9th Street S,			Amount of Each Receipt this Period 50.00
City La Crosse	State WI	Zip Code 54601-4145	
FEC ID number of contributing federal political committee. C			
Name of Employer Franciscan-Skemp Healthcare	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011 Transaction ID : 33952031
Mailing Address 1199 Sennebec Rd			Amount of Each Receipt this Period 100.00
City Union	State ME	Zip Code 04862-4628	
FEC ID number of contributing federal political committee. C			
Name of Employer Penobscot Bay Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Carolyn L. Taylor			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011 Transaction ID : 33952033
Mailing Address 11 Bellwether Way Suite 210			Amount of Each Receipt this Period 100.00
City Bellingham	State WA	Zip Code 98229-2574	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Neurology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 62 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Dr. Lynne P. Taylor		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011 Transaction ID : 33952036
Mailing Address 1 Charles St S Unit 5D		Amount of Each Receipt this Period 118.00
City Boston	State MA	Zip Code 02116-5449
FEC ID number of contributing federal political committee. C		
Name of Employer Virginia Mason Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1652.00	

Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 Transaction ID : 33955565
Mailing Address 9235 NW 26th Avenue		Amount of Each Receipt this Period 89.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1865.00	

Full Name (Last, First, Middle Initial) c. Dr. Joseph S. Kass		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 Transaction ID : 33955567
Mailing Address 4929 Valerie		Amount of Each Receipt this Period 50.00
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 ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	257.00
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 63 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Lyzette E. Velazquez			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 Transaction ID : 33955569		
Mailing Address 29 Glen Hill Ln			Amount of Each Receipt this Period 100.00		
City Tarrytown	State NY	Zip Code 10591-5061			
FEC ID number of contributing federal political committee. C					
Name of Employer Bronx Medical Neuro Care		Occupation Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Potts			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 Transaction ID : 33955631		
Mailing Address 136 Covey Chase			Amount of Each Receipt this Period 100.00		
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: <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. John D. McGary			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2011 Transaction ID : 33972189		
Mailing Address 1289 Tammany Ln			Amount of Each Receipt this Period 200.00		
City Saint Louis	State MO	Zip Code 63131-1053			
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 ▼ 300.00			

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey J. Raizer		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2011
Mailing Address 1506 Kittyhawk Lane		Transaction ID : 33972194
City Glenview	State IL	Zip Code 60226
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Northwestern University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Schadendorf		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011
Mailing Address 400 Taylor Blvd #301		Transaction ID : 33972315
City Pleasant Hill	State CA	Zip Code 94523-2160
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Neurology Medical Group of Diablo Vall	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Briseida E. Feliciano-Astacio		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2011
Mailing Address PO Box 6828		Transaction ID : 33972686
City Caguas	State PR	Zip Code 00726-6828
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Neoera Medical	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

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 65 OF 129
	<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. James F. Hammill
Full Name (Last, First, Middle Initial)

Mailing Address 903 Saddle Dr

City Helena State MT Zip Code 59601-5644

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

Name of Employer Retired Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 33972687

Amount of Each Receipt this Period
100.00

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 ▼ **950.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 33972690

Amount of Each Receipt this Period
100.00

C. Dr. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)

Mailing Address 1280 W Peachtree St NW Apt 3904

City Atlanta State GA Zip Code 30309-3444

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

Name of Employer Morehouse School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : 33977663

Amount of Each Receipt this Period
1000.00

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 66 OF 129
<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

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. Timothy A. Pedley
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Grace Church St.
 City State Zip Code
 Rye NY 10580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2011
Transaction ID : 33977754
 Amount of Each Receipt this Period
 100.00

B. Dr. Rada Petrinjac-Nenadic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 White Cliff Dr
 City State Zip Code
 Memphis TN 38117-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baptist Memorial Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 33977759
 Amount of Each Receipt this Period
 100.00

C. Catherine M. Rydell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4645 Park Commons, #319
 City State Zip Code
 St. Louis Park MN 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Academy of Neurology Executive Director/CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2011
Transaction ID : 33992731
 Amount of Each Receipt this Period
 900.00

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 67 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Alexander Krob		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 33995666
Mailing Address 2121 NE 139th St Suite 400		Amount of Each Receipt this Period 111.00
City Vancouver	State WA	Zip Code 98686-2742
FEC ID number of contributing federal political committee.	C	
Name of Employer Dept of Neurology Unc Hospitals	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.00	

Full Name (Last, First, Middle Initial) B. Dr. Amie L. Peterson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 33995668
Mailing Address 3846 SE Alder St		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97214-3226
FEC ID number of contributing federal political committee.	C	
Name of Employer Portland VA / OHSO	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce H. Cohen		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 33995670
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....▶	281.00
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 68 OF 129
<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

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel C. Potts		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 136 Covey Chase		Transaction ID : 33995672
City Tuscaloosa	State AL	Zip Code 35406-1801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer AL Neurology and Sleep Medicine, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Dr. Dario M. Zagar		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 127 Brookview Ave		Transaction ID : 33995684
City Fairfield	State CT	Zip Code 06825-1867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Dariush Saghafi		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 2741 Belgrave Rd		Transaction ID : 33995689
City Pepper Pike	State OH	Zip Code 44124-4601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Parma Neurology	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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 69 OF 129
	<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. 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 ▼ 1954.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 33995693

Amount of Each Receipt this Period
 89.00

B. Dr. Katherine A. Henry
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 33rd St Apt 16M

City New York State NY Zip Code 10016-9419

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

Name of Employer NYU School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 33995697

Amount of Each Receipt this Period
 200.00

C. Dr. Lynne P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City Boston State MA Zip Code 02116-5449

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

Name of Employer Virginia Mason Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1770.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 33995701

Amount of Each Receipt this Period
 118.00

SUBTOTAL of Receipts This Page (optional).....▶	407.00
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 70 OF 129
	<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. Michael J. Wasserman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8780 W Golf Rd Ste 202
 Golf Western Prof Bldg
 City Niles State IL Zip Code 60714-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Cook Neurological Consultants, S. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **857.16**

Date of Receipt **11 / 15 / 2011**
Transaction ID : 33995703
 Amount of Each Receipt this Period **142.86**

B. Dr. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 Timber Hill Road
 City Highland Park State IL Zip Code 60035-5121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **888.00**

Date of Receipt **11 / 15 / 2011**
Transaction ID : 33995707
 Amount of Each Receipt this Period **111.00**

C. Dr. Suriya A. Jeyapalan
 Full Name (Last, First, Middle Initial)
 Mailing Address 593 Eddy Street APC 712
 Rhode Island Hospital
 City Providence State RI Zip Code 02903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Foundation Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **11 / 15 / 2011**
Transaction ID : 33995712
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	303.86
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 71 OF 129
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<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. Uma Menon
Full Name (Last, First, Middle Initial)

Mailing Address 925 Common St Apt 1000

City	State	Zip Code
New Orleans	LA	70112-2316

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

Name of Employer	Occupation
Tulane University	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 33995716

Amount of Each Receipt this Period
 200.00

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

Mailing Address 2323 Dunstan Rd

City	State	Zip Code
Houston	TX	77005-2613

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 33995720

Amount of Each Receipt this Period
 85.00

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

Mailing Address 675 W North Ave Ste 608
Neurology Clinical Neurophysiology

City	State	Zip Code
Melrose Park	IL	60160-1627

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 34014250

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	1105.00
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 72 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Sara G. Austin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 Loveland Cove
 City Austin State TX Zip Code 78746-7635
 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 ▼ 800.00

Date of Receipt 11 / 16 / 2011
Transaction ID : 34023157
 Amount of Each Receipt this Period 500.00

B. Dr. Christopher Bever Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 Conifer Court
 City Glen Arm State MD Zip Code 21057-9124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Hosp Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2011
Transaction ID : 34023754
 Amount of Each Receipt this Period 100.00

C. Dr. Mark A. Woodward
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Jarrett White Road
 Tripler Army Medical Center
 City Honolulu State HI Zip Code 96859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dept. of Army-Civil Service Occupation Clinical Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 22 / 2011
Transaction ID : 34025180
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Joseph Jankovic		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 Transaction ID : 34028305
Mailing Address 6550 Fannin St Ste 1801 Department of Neurology		Amount of Each Receipt this Period 250.00
City Houston	State TX Zip Code 77030-2744	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Baylor College Of Medicine	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Linda A. Hershey		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2011 Transaction ID : 34038330
Mailing Address 367 Lebrun Rd		Amount of Each Receipt this Period 100.00
City Amherst	State NY Zip Code 14226-4130	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1100.00
Name of Employer VAMC & U at Buffalo	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edmund G. Grant		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 Transaction ID : 34038396
Mailing Address 13801 Bruce B Downs Blvd Ste 401		Amount of Each Receipt this Period 500.00
City Tampa	State FL Zip Code 33613-3997	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Winters Grant Mc Craney Tatum	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 74 OF 129
	<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. William J. Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 McGregor Ct
 City State Zip Code
 Mobile AL 36608-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Volunteer Retired
 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
 11 / 23 / 2011
Transaction ID : 34038412
 Amount of Each Receipt this Period
 100.00

B. Dr. Bruce Sigsbee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 Sennebec Rd
 City State Zip Code
 Union ME 04862-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Penobscot Bay Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 34039354
 Amount of Each Receipt this Period
 100.00

c. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City State Zip Code
 Ann Arbor MI 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Henry Ford Hospital Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1648.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 34039360
 Amount of Each Receipt this Period
 156.00

SUBTOTAL of Receipts This Page (optional).....▶	356.00
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 75 OF 129
	<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. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City La Crosse State WI Zip Code 54601-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan-Skemp Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 28 / 2011
Transaction ID : 34039362
 Amount of Each Receipt this Period 50.00

B. Dr. Lynne P. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Charles St S Unit 5D
 City Boston State MA Zip Code 02116-5449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1888.00

Date of Receipt 11 / 28 / 2011
Transaction ID : 34039436
 Amount of Each Receipt this Period 118.00

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 ▼ 1100.00

Date of Receipt 11 / 28 / 2011
Transaction ID : 34039438
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 268.00
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 76 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Thomas GianCarlo		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : 34052683
Mailing Address 34025 Harper Ave		Amount of Each Receipt this Period 500.00
City Clinton Township	State MI	Zip Code 48035-3737
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Medical Center; Michigan Ne	Occupation Neurologist	
Receipt For: <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. Ronald A. Zerofsky		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011 Transaction ID : 34053220
Mailing Address 7218 Colony Dr		Amount of Each Receipt this Period 100.00
City Madison	State WI	Zip Code 53717-1412
FEC ID number of contributing federal political committee. C		
Name of Employer Fort Healthcare Speciality Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Drasko Simovic		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : 34055894
Mailing Address 50 Prospect St Rm 404		Amount of Each Receipt this Period 250.00
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 ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 77 OF 129
	<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. Alan G. Stein
Full Name (Last, First, Middle Initial)
Mailing Address 1301 Punchbowl St
City Honolulu State HI Zip Code 96813-2402
FEC ID number of contributing federal political committee. **C**
Name of Employer The Queen's Medical Center Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : 34057093
Amount of Each Receipt this Period **125.00**

B. Dr. Charles W. Brock
Full Name (Last, First, Middle Initial)
Mailing Address 18002 Wynthorne Dr
City Tampa State FL Zip Code 33647-3191
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : 34057095
Amount of Each Receipt this Period **125.00**

C. 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 **1500.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : 34057097
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 78 OF 129
	<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 ▼
600.00

Date of Receipt
12 / 01 / 2011
Transaction ID : 34057105

Amount of Each Receipt this Period
500.00

B. Dr. Lyzette E. Velazquez
Full Name (Last, First, Middle Initial)

Mailing Address 29 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5061

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

Name of Employer Occupation
Bronx Medical Neuro Care Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 01 / 2011
Transaction ID : 34057111

Amount of Each Receipt this Period
100.00

C. Dr. Margaret E. Burnett
Full Name (Last, First, Middle Initial)

Mailing Address 3900 Beethoven St Apt 302

City State Zip Code
Los Angeles CA 90066-7502

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

Name of Employer Occupation
USC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 01 / 2011
Transaction ID : 34057131

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 79 OF 129
	<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. Syed Sajid Hasan
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Parkview Run NW

City	State	Zip Code
Atlanta	GA	30318

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	01	/	2011

Transaction ID : 34057135

Amount of Each Receipt this Period

125.00

B. Dr. Raghu P. Upender
Full Name (Last, First, Middle Initial)

Mailing Address 106 Linkside Dr.

City	State	Zip Code
Tullahoma	TN	37388-4859

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	01	/	2011

Transaction ID : 34057139

Amount of Each Receipt this Period

250.00

C. Dr. Jack W. Tsao
Full Name (Last, First, Middle Initial)

Mailing Address 9211 Bardon Rd

City	State	Zip Code
Bethesda	MD	20814-2858

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

Name of Employer	Occupation
Department of Defense	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	01	/	2011

Transaction ID : 34057188

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
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 80 OF 129
	<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. Carolyn L. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Bellwether Way
 Suite 210
 City Bellingham State WA Zip Code 98229-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Neurology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34057209
 Amount of Each Receipt this Period
100.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34067016
 Amount of Each Receipt this Period
500.00

C. Dr. Alan H. Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Boulder Lane
 City Sharon State MA Zip Code 02067-3034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : 34067517
 Amount of Each Receipt this Period
500.00

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 81 OF 129
	<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. James M. Goldring
Full Name (Last, First, Middle Initial)

Mailing Address 3009 N Ballas Rd Ste 209

City Saint Louis State MO Zip Code 63131-2323

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2011
Transaction ID : 34095471

Amount of Each Receipt this Period 300.00

B. Dr. Janelle L. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address East Building Mail Stop EB3-002

City La Crosse State WI Zip Code 54601-5467

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

Name of Employer Affinity Medical Group Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2011
Transaction ID : 34095963

Amount of Each Receipt this Period 500.00

C. Dr. Constantine Moschonas
Full Name (Last, First, Middle Initial)

Mailing Address 8113 E del Cuarzo Dr

City Scottsdale State AZ Zip Code 85258-2254

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

Name of Employer Four Peaks Neurology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 12 / 2011
Transaction ID : 34113127

Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
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 82 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Bruce H. Cohen			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address 3141 Neille Lane			Transaction ID : 34119935
City Twinsburg	State OH	Zip Code 44087	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital and Med. Center of	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) B. Dr. Glen R. Finney			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address 9235 NW 26th Avenue			Transaction ID : 34119977
City Gainesville	State FL	Zip Code 32606-9180	Amount of Each Receipt this Period 89.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ. of FL Dept. of Neurology	Occupation Behavioral Neurology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2043.00		

Full Name (Last, First, Middle Initial) C. Dr. William S. Gilmer			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address 2323 Dunstan Rd			Transaction ID : 34119981
City Houston	State TX	Zip Code 77005-2613	Amount of Each Receipt this Period 85.00
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 ▼ 1120.00		

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 83 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Katherine A. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 E 33rd St Apt 16M
 City New York State NY Zip Code 10016-9419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 34119983
 Amount of Each Receipt this Period
 200.00

B. Dr. Suriya A. Jeyapalan
 Full Name (Last, First, Middle Initial)
 Mailing Address 593 Eddy Street APC 712 Rhode Island Hospital
 City Providence State RI Zip Code 02903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Foundation Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 34119985
 Amount of Each Receipt this Period
 50.00

C. Dr. Alexander Krob
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 NE 139th St Suite 400
 City Vancouver State WA Zip Code 98686-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dept of Neurology Unc Hospitals 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
 12 / 15 / 2011
Transaction ID : 34120084
 Amount of Each Receipt this Period
 112.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 362.00
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 84 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Uma Menon
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Common St Apt 1000
 City State Zip Code
 New Orleans LA 70112-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulane University Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 34120108
 Amount of Each Receipt this Period
 20.00

B. Dr. Amie L. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3846 SE Alder St
 City State Zip Code
 Portland OR 97214-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Portland VA / OHSO Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 34120110
 Amount of Each Receipt this Period
 20.00

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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 34120115
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 85 OF 129
	<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. Dariush Saghafi
Full Name (Last, First, Middle Initial)

Mailing Address 2741 Belgrave Rd

City State Zip Code
Pepper Pike OH 44124-4601

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

Name of Employer Occupation
Parma Neurology Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : 34120117

Amount of Each Receipt this Period
100.00

B. Dr. Lynne P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 1 Charles St S Unit 5D

City State Zip Code
Boston MA 02116-5449

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

Name of Employer Occupation
Virginia Mason Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2006.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : 34120124

Amount of Each Receipt this Period
118.00

C. Dr. Michael J. Wasserman
Full Name (Last, First, Middle Initial)

Mailing Address 8780 W Golf Rd Ste 202
Golf Western Prof Bldg

City State Zip Code
Niles IL 60714-5608

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

Name of Employer Occupation
Lake Cook Neurological Consultants, S. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : 34120127

Amount of Each Receipt this Period
142.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.86

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 86 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Brookview Ave
 City State Zip Code
 Fairfield CT 06825-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Neurologists of So. Ct. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 34120131
 Amount of Each Receipt this Period
 100.00

B. Dr. Raphael A. Carandang
 Full Name (Last, First, Middle Initial)
 Mailing Address 13302 Avalon Drive
 City State Zip Code
 Northborough MA 01532-2173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Umass Memorial Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : 34121938
 Amount of Each Receipt this Period
 365.00

C. Dr. James P. Wymer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Dennin Dr
 City State Zip Code
 Albany NY 12204-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Albany Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2011
Transaction ID : 34122329
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	765.00
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 87 OF 129
	<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. Robert H. Ackerman
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Memorial Dr Apt 18C

City Cambridge State MA Zip Code 02138-4857

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

Name of Employer Cambridge Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : 34145947

Amount of Each Receipt this Period
 250.00

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : 34146584

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : 34146587

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 88 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Laurence J. Kinsella		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2011 Transaction ID : 34146609
Mailing Address 235 Rosemont Avenue		Amount of Each Receipt this Period 100.00
City Saint Louis	State MO	Zip Code 63119-2412
FEC ID number of contributing federal political committee. C		
Name of Employer SSM	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory D. Sambuchi		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2011 Transaction ID : 34165135
Mailing Address 4600 Military Rd Ste B		Amount of Each Receipt this Period 100.00
City Niagara Falls	State NY	Zip Code 14305-1338
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Paula D. Ravin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011 Transaction ID : 34180054
Mailing Address 55 Lake Ave N Department of Neurology		Amount of Each Receipt this Period 45.00
City Worcester	State MA	Zip Code 01655-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Mass Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 89 OF 129
	<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

Full Name (Last, First, Middle Initial) A. Dr. Christopher Calder		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011 Transaction ID : 34180069
Mailing Address 10 Norwood Dr		Amount of Each Receipt this Period 300.00
City Albany	State NY	Zip Code 12204-1215
FEC ID number of contributing federal political committee. C		
Name of Employer Upstate Neurology Consultants LLP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Dr. Wesley A. Carr		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2011 Transaction ID : 34190164
Mailing Address 1031 McClellan Road		Amount of Each Receipt this Period 100.00
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. C		
Name of Employer Neuroscience Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory L. Barkley		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 Transaction ID : 34191907
Mailing Address 2890 Burlington St		Amount of Each Receipt this Period 156.00
City Ann Arbor	State MI	Zip Code 48105-1435
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1804.00	

SUBTOTAL of Receipts This Page (optional).....▶	556.00
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 90 OF 129
	<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. 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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34191910
 Amount of Each Receipt this Period
375.00

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 **2132.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34191914
 Amount of Each Receipt this Period
89.00

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 **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34191918
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **564.00**
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 91 OF 129
	<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. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City La Crosse State WI Zip Code 54601-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan-Skemp Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34191939
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34191943
 Amount of Each Receipt this Period
 100.00

C. Dr. Carolyn L. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Bellwether Way Suite 210
 City Bellingham State WA Zip Code 98229-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Neurology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34191948
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 92 OF 129
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Dr. Steven L. Lewis

Mailing Address 806 Timber Hill Road

City Highland Park State IL Zip Code 60035-5121

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

Name of Employer Rush Univ. Med. Ctr. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : 34192963

Amount of Each Receipt this Period
 112.00

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

Mailing Address 715 Albany St # B7800

City Boston State MA Zip Code 02118-2526

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

Name of Employer Boston University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : 34192964

Amount of Each Receipt this Period
 500.00

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

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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011

Transaction ID : 34192974

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 712.00

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 93 OF 129
<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

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. Dale J. Lange
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 70th St

City New York State NY Zip Code 10021-4898

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

Name of Employer Mt. Sinai School of Medicine, Dept of Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34192983

Amount of Each Receipt this Period
100.00

B. 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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208801

Amount of Each Receipt this Period
100.00

C. Dr. Timothy Herron
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Prospect St Ste 303

City Sandusky State OH Zip Code 44870-3389

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

Name of Employer self-employed Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011
Transaction ID : 34275574

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	64698.16

**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

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

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : 33535006

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City State Zip Code
Sarasota FL 34230

Purpose of Disbursement
Campaign contribution

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2011

Transaction ID : 33535007

Amount of Each Disbursement this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

C. Berg For Senate

Mailing Address PO Box 9394

City State Zip Code
 Fargo ND 58106

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Mr. Richard Berg

Category/
Type

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2011

Transaction ID : 33542269

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. 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: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : 33542402

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Frederick Stephen Upton

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : 33542404

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City State Zip Code
Hopkinsville KY 42241

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Edward Whitfield

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : 33542417

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

5500.00

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

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

Full Name (Last, First, Middle Initial)

A. Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Charles A. Gonzalez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : 33542438

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2011

Transaction ID : 33547665

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Wally Herger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2011

Transaction ID : 33547671

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)

<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

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

Full Name (Last, First, Middle Initial)

A. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Sue Wilkins Myrick

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2011

Transaction ID : 33547672

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Thomas R. Carper

Category/
Type

Office Sought: House
 Senate
 President
State: DE District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2011

Transaction ID : 33577302

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Joseph J. Heck

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 33599892

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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

**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

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

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 33599893

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W. Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 33599894

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Cliff Stearns

Mailing Address PO Box 308

City Silver Springs State FL Zip Code 34489

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Clifford B. Stearns

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 33599895

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial) A. Ben Cardin For Senate		Date of Disbursement MM / DD / YYYY 07 / 25 / 2011
Mailing Address P.O. Box 21093		Transaction ID : 33599899
City Catonsville	State MD	
Zip Code 21228	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Sen. Benjamin Cardin	Category/ Type 011	Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District:		

Full Name (Last, First, Middle Initial) B. Crowley For Congress		Date of Disbursement MM / DD / YYYY 07 / 25 / 2011
Mailing Address 84-56 Grand Avenue		Transaction ID : 33599901
City Elmhurst	State NY	
Zip Code 11373	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Joseph Crowley	Category/ Type 011	Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 07		

Full Name (Last, First, Middle Initial) C. Butterfield For Congress		Date of Disbursement MM / DD / YYYY 07 / 25 / 2011
Mailing Address PO Box 2571		Transaction ID : 33599902
City Wilson	State NC	
Zip Code 27894	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. George K. Butterfield	Category/ Type 011	Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 01		

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

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

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City State Zip Code
Sacramento CA 95812

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Doris Matsui

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2011

Transaction ID : 33604896

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Altmire

Mailing Address P.O. Box 1776

City State Zip Code
Freedom PA 15042

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jason Altmire

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2011

Transaction ID : 33605714

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Henry A. Waxman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : 33720296

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)

<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

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

Full Name (Last, First, Middle Initial) A. Van Hollen For Congress		Date of Disbursement MM / DD / YYYY 09 / 06 / 2011
Mailing Address 10537 St. Paul St.		Transaction ID : 33720312
City Kensington	State MD	
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Chris Van Hollen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Campaign Contribution
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MD District: 08	

Full Name (Last, First, Middle Initial) B. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 09 / 06 / 2011
Mailing Address 830 Ne Holladay, #105		Transaction ID : 33720313
City Portland	State OR	
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Earl Blumenauer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Campaign Contribution
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: OR District: 03	

Full Name (Last, First, Middle Initial) C. Scalise For Congress		Date of Disbursement MM / DD / YYYY 09 / 06 / 2011
Mailing Address PO Box 23219		Transaction ID : 33720315
City Jefferson	State LA	
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Steve Scalise	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Campaign Contribution
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: LA District: 01	

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

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

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2011

Transaction ID : 33720316

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752555

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Edwin Perlmutter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752558

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752571

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. ERIC PAC

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Leadership PAC

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752572

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

C. Lincoln PAC

Mailing Address 3701 Connecticut Ave. NW, #404

City Washington State DC Zip Code 20008

Purpose of Disbursement
Leadership PAC

011

Candidate Name

Lincoln PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752592

Amount of Each Disbursement this Period

1000.00

Leadership PAC

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Pat Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752593

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Scott Desjarlais

Mailing Address P O Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Scott Eugene DesJarlais

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752594

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 33752595

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

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

Full Name (Last, First, Middle Initial)

A. Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790771

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jan D. Schakowsky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790773

Amount of Each Disbursement this Period

1000.00

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

011

Candidate Name

Rep. Michael H. Michaud

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790777

Amount of Each Disbursement this Period

2000.00

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

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

Full Name (Last, First, Middle Initial)

A. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. David McKinley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790780

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790782

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Mary Bono Mack Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Mary Bono Mack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790787

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Gene Green

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790796

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President
State: ME District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790808

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. 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
State: MN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790809

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. Michael Grimm For Congress

Mailing Address PO Box 270

City Staten Island State NY Zip Code 10310

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Michael G. Grimm

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790810

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Leonard Lance

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790813

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. 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: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : 33790815

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

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

Full Name (Last, First, Middle Initial) A. Van Hollen For Congress		Date of Disbursement MM / DD / YYYY 09 / 27 / 2011
Mailing Address 10537 St. Paul St.		Transaction ID : 33811272
City Kensington	State MD	
Zip Code 20895	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Chris Van Hollen	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 08		

Full Name (Last, First, Middle Initial) B. Nancy Pelosi For Congress		Date of Disbursement MM / DD / YYYY 09 / 27 / 2011
Mailing Address 700 13th Street, Nw Suite 600		Transaction ID : 33811273
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Nancy Pelosi	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 08		

Full Name (Last, First, Middle Initial) C. Committee for the Preservation of Capitalism		Date of Disbursement MM / DD / YYYY 10 / 03 / 2011
Mailing Address P.O. Box 65314		Transaction ID : 33831305
City Washington	State DC	
Zip Code 20035	Purpose of Disbursement Leadership PAC	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type 011	Leadership PAC
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:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 33832055

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. 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: 2012
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 33832408

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. AMERIPAC

Mailing Address 499 S. Capitol SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Leadership PAC

011

Candidate Name

AMERIPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 33836097

Amount of Each Disbursement this Period

2500.00

Leadership PAC

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

5500.00

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

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

Full Name (Last, First, Middle Initial)

A. Majority Committee

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 33841285

Amount of Each Disbursement this Period

1500.00

Leadership PAC

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Xavier Becerra

Office Sought: House Senate President
State: CA District: 31

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 33841287

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Fortney Peter Stark

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

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2011

Transaction ID : 33853776

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)..... ▶

3500.00

**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

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

Full Name (Last, First, Middle Initial) A. Friends of John Hoeven		Date of Disbursement MM / DD / YYYY 10 / 10 / 2011
Mailing Address P.O. Box 3206		Transaction ID : 33864408
City Bismarck	State ND	
Purpose of Disbursement Leadership PAC		Amount of Each Disbursement this Period 1000.00
Candidate Name		Leadership PAC
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. Committee To Re-Elect Ed Towns		Date of Disbursement MM / DD / YYYY 10 / 10 / 2011
Mailing Address 438 Lewis Avenue		Transaction ID : 33864410
City Brooklyn	State NY	
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Edolphus Towns		Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 10	

Full Name (Last, First, Middle Initial) C. Pallone For Congress		Date of Disbursement MM / DD / YYYY 10 / 10 / 2011
Mailing Address PO Box 3176		Transaction ID : 33864411
City Long Branch	State NJ	
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name Rep. Frank Pallone Jr.		Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 06	

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

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

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership Fund

Mailing Address 426 C Street NE
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement
Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2011

Transaction ID : 33864412

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Michael C. Burgess M.D.

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2011

Transaction ID : 33873090

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

Candidate Name

Rep. Anna G. Eshoo

Office Sought: House Senate President
State: CA District: 14

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2011

Transaction ID : 33873091

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2011

Transaction ID : 33873092

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Paul Broun Committee

Mailing Address P.O. Box 6337

City Athens State GA Zip Code 30604

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Paul C. Broun MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936770

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Mike Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936776

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : 33955832

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : 33955834

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address P.O. Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. James D. Matheson

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : 33955835

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Gingrey For Congress, Inc.

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Phil Gingrey M.D.

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : 33955840

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. 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

Candidate Name
Rep. Bill Cassidy MD

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : 33973131

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City State Zip Code
Columbus OH 43231

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : 33973305

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)
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

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

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. John R. Thune

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 09 / 2011

Transaction ID : 33990302

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : 33995636

Amount of Each Disbursement this Period

0.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 426 C Street, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Leadership PAC Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : 33995637

Amount of Each Disbursement this Period

1000.00

Leadership PAC 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)
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

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

Full Name (Last, First, Middle Initial)

A. The Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Leadeership PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2011

Transaction ID : 33995638

Amount of Each Disbursement this Period

2000.00

Leadeership PAC Contribution

Full Name (Last, First, Middle Initial)

B. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Void - Engel For Congress

Candidate Name

Rep. Eliot L. Engel

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

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : 33997736

Amount of Each Disbursement this Period

0.00

Void - Engel For Congress

Full Name (Last, First, Middle Initial)

C. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Eliot L. Engel

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

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : 33997737

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

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

Full Name (Last, First, Middle Initial)

A. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Dan Benishek

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : 33997738

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Larry Bucshon MD

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : 33997739

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. John Sullivan For Congress, Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. John Sullivan

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : 33997762

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ellison For Congress

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Keith Ellison

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : 33997766

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052854

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Rand Paul For Us Senate 2016

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Rand Paul

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052855

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052894

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. EDPAC

Mailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Leadership PAC

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052895

Amount of Each Disbursement this Period

2500.00

Leadership PAC

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Timothy Bishop

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052896

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership Fund

Mailing Address 426 C Street NE
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement
Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052898

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Lynn Jenkins

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

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : 34052899

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Michael C. Burgess M.D.

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : 34093221

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

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

Full Name (Last, First, Middle Initial)

A. Blumenthal For Connecticut

Mailing Address 777 Summer Street

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : 34093225

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. 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: 2012
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : 34093231

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 450

City State Zip Code
Victor NY 14564

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : 34093234

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Adrian Smith

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : 34093235

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Blumenthal For Connecticut

Mailing Address 777 Summer Street

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Void - Blumenthal For Connecticut

011

Candidate Name

Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34094920

Amount of Each Disbursement this Period

-1000.00

Void - Blumenthal For Connecticut

Full Name (Last, First, Middle Initial)

C. Blumenthal For Connecticut

Mailing Address 777 Summer Street

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
2010 Debt Retirement

011

Candidate Name

Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34094921

Amount of Each Disbursement this Period

1000.00

2010 Debt Retirement

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Joseph R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2011

Transaction ID : 34112485

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Leadership PAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2011

Transaction ID : 34112486

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2011

Transaction ID : 34112488

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. Geoff Davis For Congress

Mailing Address PO Box 17192

City Ft Mitchell State KY Zip Code 41017

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Geoff Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : 34112494

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Jackie Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : 34112495

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Thoroughbred PAC

Mailing Address PO Box 65116

City Washington State DC Zip Code 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

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : 34112496

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)..... ▶

**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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : 34112498

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

131000.00