



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		116379.00
(b) Cash on Hand at Beginning of Reporting Period.....	108369.70	
(c) Total Receipts (from Line 19) .....	14279.34	181539.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	122649.04	297918.04
7. Total Disbursements (from Line 31).....	74750.00	250019.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47899.04	47899.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	10437.34	122386.36
(ii) Unitemized .....	3842.00	53152.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14279.34	175539.04
(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) .....	14279.34	175539.04
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	6000.00
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))..... ▶	14279.34	181539.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14279.34	181539.04

**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.....	74750.00	249750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	269.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	269.00
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)) ..	74750.00	250019.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74750.00	250019.00

**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) .....	14279.34	175539.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	269.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14279.34	175270.04
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 36
	<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. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Bay Spring Ave  
 City Barrington State RI Zip Code 02806-1332  
 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 **06 / 01 / 2014**  
**Transaction ID : 37199049**  
 Amount of Each Receipt this Period **375.00**

**B. Dr. Brett M. Kissela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9878 Zig Zag Road  
 City Cincinnati State OH Zip Code 45242-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 01 / 2014**  
**Transaction ID : 37199051**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Sarah M. Benish**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5949 Bradbury Court  
 City Inver Grove Heights State MN Zip Code 55076-1597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fairview Health Services Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 03 / 2014**  
**Transaction ID : 37200738**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<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. Awais Riaz**  
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmscott Lane

City Salt Lake City State UT Zip Code 84124-2580

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

Name of Employer Univ. of Utah 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  
**06 / 03 / 2014**

**Transaction ID : 37200739**

Amount of Each Receipt this Period  
**250.00**

**B. Dr. Steven J. Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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

Name of Employer John Muir Physical Ntwk 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  
**06 / 03 / 2014**

**Transaction ID : 37200741**

Amount of Each Receipt this Period  
**100.00**

**C. Dr. Allison Brashear**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City Winston Salem State NC Zip Code 27106-4489

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

Name of Employer Wake Forest Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : 37200742**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<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. Stephen E. Nadeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 NW 23rd Drive  
 City Gainesville State FL Zip Code 32605-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Veterans Administration 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  
 06 / 02 / 2014  
**Transaction ID : 37208537**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Samir Belagaje**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2406 Reserve Dr NE  
 City Atlanta State GA Zip Code 30319-5910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 37208538**  
 Amount of Each Receipt this Period  
 501.00

**C. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Rd  
 City Fort Wayne State IN Zip Code 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Physicians, Inc. 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  
 06 / 13 / 2014  
**Transaction ID : 37231448**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	851.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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 W. Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9420 SE 54th Street

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neuroscience Institute 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  
**06 / 15 / 2014**

**Transaction ID : 37238776**

Amount of Each Receipt this Period  
**50.00**

**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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2014**

**Transaction ID : 37238778**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 3919 Commander Drive

City Hyattsville State MD Zip Code 20782-1025

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

Name of Employer MedStar National Rehabilitation Hospit Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2014**

**Transaction ID : 37238780**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>258.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<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) <b>A. Dr. Bruce H. Cohen</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 <b>Transaction ID : 37238781</b>
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 185.00
City Twinsburg	State OH	Zip Code 44087-3808
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 ▼ 925.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David A. Evans</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 <b>Transaction ID : 37238782</b>
Mailing Address 715 Kessler Woods Trail		Amount of Each Receipt this Period 100.00
City Dallas	State TX	Zip Code 75208-5610
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Neurology	Occupation COO	
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>C. Dr. William S. Gilmer</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 <b>Transaction ID : 37238783</b>
Mailing Address 2323 Dunstan Rd		Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77005-2613
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 ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<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) <b>A. Dr. Ralph F. Jozefowicz</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2014 <b>Transaction ID : 37238784</b>
Mailing Address 78 Lac Kine Drive			Amount of Each Receipt this Period 250.00
City Rochester	State NY	Zip Code 14618-5608	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer University of Rochester		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Steven L. Lewis</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2014 <b>Transaction ID : 37238785</b>
Mailing Address 1725 W Harrison St Ste 1106			Amount of Each Receipt this Period 167.00
City Chicago	State IL	Zip Code 60612-3845	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1002.00
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) <b>C. Dr. Nancy L. Mueller</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2014 <b>Transaction ID : 37238786</b>
Mailing Address 34 Stonybrook Road			Amount of Each Receipt this Period 415.00
City Tenafly	State NJ	Zip Code 07670-1118	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2490.00
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	832.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<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 L. Barkley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2890 Burlington St  
 City Ann Arbor State MI Zip Code 48105-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 37238787**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Dario M. Zagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Fairmount Terrace  
 City Fairfield State CT Zip Code 06825-1758  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 37238788**  
 Amount of Each Receipt this Period  
 50.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 37259971**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<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. Lily Jung Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neurosci. Institute, Swedish H Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 37259973**

Amount of Each Receipt this Period  
 415.00

**B. 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 ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : 37269443**

Amount of Each Receipt this Period  
 750.00

**C. Dr. Yoon-Hee Cha**  
Full Name (Last, First, Middle Initial)

Mailing Address 4313 South Retana Avenue

City Broken Arrow State OK Zip Code 74011-1398

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

Name of Employer St. Francis Hospital 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  
 06 / 20 / 2014  
**Transaction ID : 37270283**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1665.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<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. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 37270407**

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 ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 37270408**

Amount of Each Receipt this Period  
 200.00

**c. Dr. Sarah Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 514.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 37270409**

Amount of Each Receipt this Period  
 82.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 332.00

**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 36
	<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 4732 Lost Creek Lane

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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : 37270410**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 553 N. Mobile Street

City Fairhope State AL Zip Code 36532-2609

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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : 37270411**

Amount of Each Receipt this Period  
 85.00

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

Mailing Address 4903 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : 37270413**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<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. 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 / D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : 37272009**  
 Amount of Each Receipt this Period  
 500.00

**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 ▼ 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : 37272471**  
 Amount of Each Receipt this Period  
 84.00

**C. Dr. Thomas Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5748 Prospect Dr  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 37273259**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	834.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<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. Sandra F. Olson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 E Huron St Ste 11-100

City Chicago	State IL	Zip Code 60611-2968
-----------------	-------------	------------------------

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

Name of Employer Retired	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  
 06 / 24 / 2014  
**Transaction ID : 37273367**

Amount of Each Receipt this Period  
1000.00

**B. Dr. David R. Greeley**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 S Sherman # 201

City Spokane	State WA	Zip Code 99202-1342
-----------------	-------------	------------------------

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

Name of Employer Northwest Neurological	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : 37275371**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3200 Downwood Cir NW Ste 550

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : 37280290**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
<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. Faisal M. Qazi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City	State	Zip Code
Fullerton	CA	92833-2221

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

Name of Employer	Occupation
Inland Neurologic Consultants	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2014

**Transaction ID : 37281816**

Amount of Each Receipt this Period  

85.00
-------

**B. Dr. Michael A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1029 Pier Pointe Lndg

City	State	Zip Code
Baltimore	MD	21230-3975

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

Name of Employer	Occupation
LifeBridge Health Brain & Spine Instit	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
06	/	28	/	2014

**Transaction ID : 37281821**

Amount of Each Receipt this Period  

1000.00
---------

**C. Dr. Jeremy M. Shefner**  
Full Name (Last, First, Middle Initial)

Mailing Address 7994 Everglades Dr

City	State	Zip Code
Manlius	NY	13104-8501

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

Name of Employer	Occupation
SUNY Upstate Medical University	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
06	/	30	/	2014

**Transaction ID : 37296108**

Amount of Each Receipt this Period  

125.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 36  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
**Dr. Linda A. Hershey**

Mailing Address 3116 Ash Grove Rd

City Edmond State OK Zip Code 73003-1044

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

Name of Employer VAMC & U at Buffalo Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : 37296524**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10437.34

**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. Lincoln PAC**

Mailing Address 3701 Connecticut Ave. NW, #404

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name  
**Lincoln PAC**

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
0	6		0	2		2	0	1	4

Transaction ID : 37199172

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**B. North Star Fund**

Mailing Address 10 G St. NE

City Washington State DC Zip Code 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
0	6		0	2		2	0	1	4

Transaction ID : 37199173

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : 37199174

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Campaign Contribution

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

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  
06 / 02 / 2014

**Transaction ID : 37199175**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrasso Committee**

Mailing Address 406 Virginia Ave.,

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. John Barrasso**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 37199176**

Amount of Each Disbursement this Period

0.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of John Barrasso Committee**

Mailing Address 406 Virginia Ave.,

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Void - Friends of John Barrasso Committee

011

Candidate Name

**Sen. John Barrasso**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 37199185**

Amount of Each Disbursement this Period

0.00

Void - Friends of John Barrasso Committee

**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 John Barrasso Committee**

Mailing Address 406 Virginia Ave.,

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. John Barrasso**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WY District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 37199186**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Eric I. Cantor**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221595**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. ERIC PAC**

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Leadership PAC contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221596**

Amount of Each Disbursement this Period

5000.00

Leadership PAC contribution

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Bill Flores For Congress**

Mailing Address PO Box 6207

City State Zip Code  
Bryan TX 77805

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Bill Flores**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221846**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Nancy Pelosi**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221847**

Amount of Each Disbursement this Period

4000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Dutch Ruppensberger For Congress Committee**

Mailing Address PO Box 231

City State Zip Code  
Lutherville MD 21094

Purpose of Disbursement

011

Candidate Name

**Rep. C.A. Dutch Ruppensberger**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221848**

Amount of Each Disbursement this Period

2000.00

**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. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221849**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221850**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221851**

Amount of Each Disbursement this Period

500.00

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. People For Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221854**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Wenstrup For Congress**

Mailing Address PO Box 9551

City State Zip Code  
Cincinnati OH 45209

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 37221857**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 425

City State Zip Code  
Roswell GA 30077

Purpose of Disbursement  
Void - Price For Congress

011

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 37221872**

Amount of Each Disbursement this Period

-2500.00

Void - Price For Congress

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

500.00

**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 Bob Johnson**

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Robert Johnson MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246373**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Lois Capps**

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Lois Capps**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246374**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Dr Monica Wehby For Us Senate**

Mailing Address PO Box 3375

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Monica Wehby**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246375**

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. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 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: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : 37246376

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. 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  
State: OH District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : 37246377

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Pat J. Tiberi**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : 37246378

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. 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: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246379**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City State Zip Code  
Portland OR 97232

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Earl Blumenauer**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246380**

Amount of Each Disbursement this Period

1250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Olson For Congress Committee**

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Pete Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246381**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

5750.00

**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. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City State Zip Code  
Wichita KS 67212

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Mike Pompeo**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246382**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Pascrell For Congress**

Mailing Address P.O. Box 100

City State Zip Code  
Teaneck NJ 07666

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

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

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246383**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Mooney For Congress**

Mailing Address P.O. Box 1863

City State Zip Code  
Martinsburg WV 25402

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Alexander Mooney**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246384**

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. Capito For West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Shelley Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246386**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246387**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. The Freedom Project**

Mailing Address 631-B Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246390**

Amount of Each Disbursement this Period

5000.00

Leadership PAC Contribution

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. ORRINPAC**

Mailing Address P.O. Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement  
Leadership PAC contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246392**

Amount of Each Disbursement this Period

1000.00

Leadership PAC contribution

Full Name (Last, First, Middle Initial)

**B. Ron Barber For Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Ron Barber**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246393**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Henry Cuellar**

Office Sought:  House  Senate  President  
State: TX District: 28

Disbursement For: 2014  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246394**

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. 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  
State: GA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246395**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Aaron Jon Schock**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246396**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Steve J. Israel**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246397**

Amount of Each Disbursement this Period

1000.00

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. Bennet For Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246398**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Ryan For Congress, Inc.**

Mailing Address PO Box 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246400**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Benishek For Congress, Inc.**

Mailing Address PO Box 108

City State Zip Code  
Gladstone MI 49837

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Dan Benishek MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246402**

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. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St Se  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Linda T. Sanchez**

Office Sought:  House  
 Senate  
 President  
State: CA District: 38

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246403**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Braley For Iowa**

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Bruce Braley**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 37259334**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Devin G. Nunes**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 37259335**

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. 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: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : 37272348**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Pingree For Congress**

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Chellie M. Pingree**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 37272955**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
Void - Steve Israel For Congress Committee

011

Candidate Name

**Rep. Steve J. Israel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : 37296606**

Amount of Each Disbursement this Period

-1000.00

Void - Steve Israel For Congress Committee

**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. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Void - Devin Nunes Campaign Committee

011

Candidate Name

**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : 37296607**

Amount of Each Disbursement this Period

-1000.00

Void - Devin Nunes Campaign Committee

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Void - Cantor For Congress

011

Candidate Name

**Rep. Eric I. Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : 37297342**

Amount of Each Disbursement this Period

-5000.00

Void - Cantor For Congress

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

-6000.00

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

74750.00