

**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.....	33182.38	
(c) Total Receipts (from Line 19)	13420.34	215242.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46602.72	331621.72
7. Total Disbursements (from Line 31).....	0.00	285019.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46602.72	46602.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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).....	10745.34	147595.04
(ii) Unitemized	2675.00	61647.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13420.34	209242.72
(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)	13420.34	209242.72
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))..... ▶	13420.34	215242.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13420.34	215242.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	283750.00
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	1269.00
(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	1269.00
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)) ..	0.00	285019.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	285019.00

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)	13420.34	209242.72
34. Total Contribution Refunds (from Line 28(d))	0.00	1269.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13420.34	207973.72
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: PAGE 6 OF 21
(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
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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. Stanley J. Whitney

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee	State FL	Zip Code 32312-6788
---------------------	-------------	------------------------

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

Name of Employer Tallahassee Neurology Associates	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
08	/	03	/	2014

Transaction ID : 37393989

Amount of Each Receipt this Period

50.00

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

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 ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	03	/	2014

Transaction ID : 37393990

Amount of Each Receipt this Period

100.00

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

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
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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 ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	03	/	2014

Transaction ID : 37393991

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Kimberly E. Monday
 Full Name (Last, First, Middle Initial)
 Mailing Address 4141 Vista Rd
 City Pasadena State TX Zip Code 77504-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Neurological Institute Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2014
Transaction ID : 37416735
 Amount of Each Receipt this Period 500.00

B. Dr. Terrence L. Cascino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Stone Park Dr NE
 City Rochester State MN Zip Code 55906-7722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2014
Transaction ID : 37417829
 Amount of Each Receipt this Period 50.00

C. 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 Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 37421120
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. 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 ▼ 600.00

Date of Receipt 08 / 13 / 2014
Transaction ID : 37421605
 Amount of Each Receipt this Period 100.00

B. 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 ▼ 666.72

Date of Receipt 08 / 15 / 2014
Transaction ID : 37426631
 Amount of Each Receipt this Period 83.34

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1295.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 37426632
 Amount of Each Receipt this Period 185.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 368.34
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 715 Kessler Woods Trail

City State Zip Code
Dallas TX 75208-5610

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

Name of Employer Occupation
Texas Neurology COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 15 / 2014
Transaction ID : 37426633

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 State Zip Code
Houston TX 77005-2613

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

Name of Employer Occupation
Self Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 15 / 2014
Transaction ID : 37426634

Amount of Each Receipt this Period
85.00

C. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City State Zip Code
Tenafly NJ 07670-1118

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 ▼
3320.00

Date of Receipt
08 / 15 / 2014
Transaction ID : 37426636

Amount of Each Receipt this Period
415.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. 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 ▼ 800.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 37426637
 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 ▼ 400.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 37426638
 Amount of Each Receipt this Period 50.00

C. Dr. Allison L. Weathers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3444 Lake St
 City Evanston State IL Zip Code 60203-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RUMC Occupation RUMC Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2014
Transaction ID : 37427381
 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 11 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Peter D. Donofrio
Full Name (Last, First, Middle Initial)

Mailing Address 1708 Linden Ave

City Nashville State TN Zip Code 37212-5112

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

Name of Employer Vanderbilt University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 16 / 2014
Transaction ID : 37427383

Amount of Each Receipt this Period 200.00

B. Dr. Cynthia L. Comella
Full Name (Last, First, Middle Initial)

Mailing Address 1530 N. Throop St.

City Chicago State IL Zip Code 60642-2401

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

Name of Employer Rush University Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2014
Transaction ID : 37445926

Amount of Each Receipt this Period 1000.00

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 ▼ 800.00

Date of Receipt 08 / 19 / 2014
Transaction ID : 37446040

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 1300.00

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 12 OF 21
(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
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Dr. Simon J. Farrow
Full Name (Last, First, Middle Initial)
Mailing Address 1804 Piccolo Way
City Las Vegas State NV Zip Code 89146-3029
FEC ID number of contributing federal political committee. **C**
Name of Employer Simon Farrow Neurology Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 19 / 2014
Transaction ID : 37446313
Amount of Each Receipt this Period 1000.00

B. Dr. Matthews W. Gwynn
Full Name (Last, First, Middle Initial)
Mailing Address 993 Johnson Ferry Rd NE Ste 120 #
City Atlanta State GA Zip Code 30342-1620
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlanta Neurology Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 19 / 2014
Transaction ID : 37447771
Amount of Each Receipt this Period 500.00

C. Dr. Nicole A. Chiota
Full Name (Last, First, Middle Initial)
Mailing Address 125 Brackish Place
City Ocean Springs State MS Zip Code 39564-3220
FEC ID number of contributing federal political committee. **C**
Name of Employer USAF Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 19 / 2014
Transaction ID : 37447784
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 13 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Gregory T. Pupillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 9th Street S,
 City La Crosse State WI Zip Code 54601-4145
 Name of Employer Franciscan-Skemp Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 20 / 2014
Transaction ID : 37447817
 Amount of Each Receipt this Period 45.00

B. Dr. Kenneth J. Gaines
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Boyd Mill Av.
 City Franklin State TN Zip Code 37064-3103
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 20 / 2014
Transaction ID : 37448701
 Amount of Each Receipt this Period 1000.00

C. Dr. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St Ste 1106
 City Chicago State IL Zip Code 60612-3845
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1336.00

Date of Receipt 08 / 21 / 2014
Transaction ID : 37449783
 Amount of Each Receipt this Period 167.00

SUBTOTAL of Receipts This Page (optional).....▶ 1212.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. 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 ▼ **3320.00**

Date of Receipt **08 / 21 / 2014**

Transaction ID : 37450324

Amount of Each Receipt this Period **415.00**

B. 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 ▼ **950.00**

Date of Receipt **08 / 21 / 2014**

Transaction ID : 37450325

Amount of Each Receipt this Period **50.00**

C. Dr. Lisa M. DeAngelis
Full Name (Last, First, Middle Initial)

Mailing Address 400 East 56th Street

City New York State NY Zip Code 10022-4339

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

Name of Employer Memorial Sloan Kettering Cancer Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 21 / 2014**

Transaction ID : 37450439

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1465.00**

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 15 OF 21
(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
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

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

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
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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 ▼ **678.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2014

Transaction ID : 37453149

Amount of Each Receipt this Period

82.00

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

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 ▼ **800.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2014

Transaction ID : 37453150

Amount of Each Receipt this Period

100.00

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

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 ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2014

Transaction ID : 37453152

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	232.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2014

Transaction ID : 37453200

Amount of Each Receipt this Period
84.00

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

Mailing Address 510 Hidden Lake Court

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:
 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 / 25 / 2014

Transaction ID : 37453366

Amount of Each Receipt this Period
1000.00

c. 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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : 37453935

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	1134.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Eliad Culcea
Full Name (Last, First, Middle Initial)

Mailing Address 44 Prospect Drive

City State Zip Code
Great Falls MT 59405-4122

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

Name of Employer Occupation
Benefis Hospitals Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 26 / 2014
Transaction ID : 37453942

Amount of Each Receipt this Period
250.00

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

Mailing Address 5090 N 40th St Ste 250

City State Zip Code
Phoenix AZ 85018-2134

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

Name of Employer Occupation
Phoenix Neurological Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 26 / 2014
Transaction ID : 37453947

Amount of Each Receipt this Period
500.00

C. Dr. Alireza Minagar
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City State Zip Code
Shreveport LA 71115-4606

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

Name of Employer Occupation
LA State University Health Sciences Ct Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
08 / 27 / 2014
Transaction ID : 37453952

Amount of Each Receipt this Period
56.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 806.00

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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 610 S Sherman # 201

City State Zip Code
Spokane WA 99202-1342

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

Name of Employer Occupation
Northwest Neurological Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
08 / 27 / 2014
Transaction ID : 37453953

Amount of Each Receipt this Period
50.00

B. Dr. Gregory J. Esper
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City State Zip Code
Atlanta GA 30345-3899

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

Name of Employer Occupation
Emory Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 37455958

Amount of Each Receipt this Period
56.00

C. Dr. Jaffar Khan
Full Name (Last, First, Middle Initial)

Mailing Address 292 Riverford Way

City State Zip Code
Lawrenceville GA 30043-6416

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

Name of Employer Occupation
Emory Clinic Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 37455959

Amount of Each Receipt this Period
112.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.00

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 19 OF 21
(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
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name (Last, First, Middle Initial)
Dr. Faisal M. Qazi

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton	State CA	Zip Code 92833-2221
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FEC ID number of contributing federal political committee. **C**

Name of Employer Inland Neurologic Consultants	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2014

Transaction ID : 37455960

Amount of Each Receipt this Period
85.00

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
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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
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	10745.34

**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

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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 Funds Reported On July 20 Monthly

011

Category/
Type

Candidate Name

Robert Johnson MD

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 : 37470736

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Campaign Contribution Funds Reported On July 20 Monthly

Full Name (Last, First, Middle Initial)

B. Friends Of Bob Johnson

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416

Purpose of Disbursement
Campaign Contribution Re-designated funds for trans. dated 6/17/2014

011

Category/
Type

Candidate Name

Robert Johnson MD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff2014

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : 37470737

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Campaign Contribution Re-designated funds for trans. dated 6/17/2014

Full Name (Last, First, Middle Initial)

C. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Campaign Contribution Funds Reported On July 20 Monthly

011

Category/
Type

Candidate Name

Rep. Aaron Jon Schock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : 37470768

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Campaign Contribution Funds Reported On July 20 Monthly

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Campaign Contribution Re-designated funds for trans. dated 6/17/2014

Category/
Type

Candidate Name
Rep. Aaron Jon Schock

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: IL District: 18

Date of Disbursement

/ /

Transaction ID : 37470769

Amount of Each Disbursement this Period

[MEMO ITEM]

Campaign Contribution Re-designated funds for trans. dated 6/17/2014

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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