

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

1 2 F E 4 M 5

American Academy of Neurology BrainPAC

ADDRESS (number and street)

509b 2nd St NE

Lower Level

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435933

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2012

through

M M M / D D D / Y Y Y Y Y Y
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer

Mr. Timothy J. Engel

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**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="2012"/>		155948.02
(b) Cash on Hand at Beginning of Reporting Period.....	149486.23	
(c) Total Receipts (from Line 19)	10390.00	150078.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	159876.23	306026.23
7. Total Disbursements (from Line 31).....	63000.00	209150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	96876.23	96876.23
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).....	8175.00	102993.00
(ii) Unitemized	2215.00	39661.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10390.00	142654.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10390.00	142654.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3524.21
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))..... ▶	10390.00	150078.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10390.00	150078.21

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.....	63000.00	208150.00
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	1000.00
(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	1000.00
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)) ..	63000.00	209150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63000.00	209150.00

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)	10390.00	142654.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10390.00	141654.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Updated because the starting balance of this report was incorrect, due to the amendment made to the June 20th report.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
<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. Gregory T. Pupillo
Full Name (Last, First, Middle Initial)

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

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

Name of Employer: Franciscan-Skemp Healthcare Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **06 / 05 / 2012**
Transaction ID : **34853609**

Amount of Each Receipt this Period: **45.00**

B. Dr. J Michael Powers
Full Name (Last, First, Middle Initial)

Mailing Address 7510 N 1st St
City Phoenix State AZ Zip Code 85020-4001

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

Name of Employer: Affiliated Neurologists Ltd Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **06 / 04 / 2012**
Transaction ID : **34857874**

Amount of Each Receipt this Period: **250.00**

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

Mailing Address 3141 Neille Lane
City Twinsburg State OH Zip Code 44087

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **06 / 15 / 2012**
Transaction ID : **34891007**

Amount of Each Receipt this Period: **150.00**

SUBTOTAL of Receipts This Page (optional).....▶	445.00
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 8 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Date of Receipt 06 / 15 / 2012
Transaction ID : 34891037
 Amount of Each Receipt this Period 125.00

B. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Dunstan Rd
 City Houston State TX Zip Code 77005-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 15 / 2012
Transaction ID : 34891053
 Amount of Each Receipt this Period 85.00

C. Dr. Elaine C. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 603253
 City Providence State RI Zip Code 02906-0253
 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 / 15 / 2012
Transaction ID : 34891068
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 460.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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. Ralph F. Jozefowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Lac Kine Drive
 City Rochester State NY Zip Code 14618-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2012
Transaction ID : 34891070
 Amount of Each Receipt this Period 250.00

B. Dr. Joseph S. Kass
 Full Name (Last, First, Middle Initial)
 Mailing Address One Baylor Plaza NB-302
 City Houston State TX Zip Code 77030
 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 ▼ 250.00

Date of Receipt 06 / 15 / 2012
Transaction ID : 34891072
 Amount of Each Receipt this Period 50.00

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2012
Transaction ID : 34891099
 Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<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. Nancy L. Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 E Palisade Ave
 City Englewood Cliffs State NJ Zip Code 07632-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : 34891112
 Amount of Each Receipt this Period **500.00**

B. 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 **500.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : 34891116
 Amount of Each Receipt this Period **100.00**

C. 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 **06 / 15 / 2012**
Transaction ID : 34891128
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **850.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 2741 Belgrave Rd

City State Zip Code
Pepper Pike OH 44124-4601

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

Name of Employer Occupation
Parma Neurology Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 15 / 2012
Transaction ID : 34891140

Amount of Each Receipt this Period
100.00

B. 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 ▼
500.00

Date of Receipt
06 / 15 / 2012
Transaction ID : 34891142

Amount of Each Receipt this Period
250.00

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

Mailing Address 1301 Punchbowl St

City State Zip Code
Honolulu HI 96813-2402

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

Name of Employer Occupation
The Queen's Medical Center Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2012
Transaction ID : 34891146

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Lyzette E. Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Glen Hill Ln
 City Tarrytown State NY Zip Code 10591-5061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronx Medical Neuro Care Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : 34891158
 Amount of Each Receipt this Period
 100.00

B. Dr. Dario M. Zagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Brookview Ave
 City Fairfield State CT Zip Code 06825-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Neurologists of So. Ct. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : 34891160
 Amount of Each Receipt this Period
 50.00

C. Dr. Ryan S. Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 6621 Knightsbridge Ave., NW
 City Canton State OH Zip Code 44718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NeuroCare Center, Inc Occupation Neurologist
 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 / 19 / 2012
Transaction ID : 34947866
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<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. Manmohan Nayyar
 Full Name (Last, First, Middle Initial)
 Mailing Address 15007 Pamlico Rd
 City State Zip Code
 Apple Valley CA 92307-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 High Desert Neuro-Diagnostic Med. Grp. 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 / 19 / 2012
Transaction ID : 34951803
 Amount of Each Receipt this Period
 1000.00

B. Dr. Glenn R. Goldfarb
 Full Name (Last, First, Middle Initial)
 Mailing Address 2345 Chesterfield Ave Ste 303
 City State Zip Code
 Charleston WV 25304-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia University 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 / 19 / 2012
Transaction ID : 34951807
 Amount of Each Receipt this Period
 250.00

C. Dr. David R. Greeley
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 S Washington St Ste 101
 City State Zip Code
 Spokane WA 99204-2604
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2012
Transaction ID : 34967375
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 32
	<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. Elizabeth Minto
Full Name (Last, First, Middle Initial)
Mailing Address 553 N. Mobile Street
City Fairhope State AL Zip Code 36532
FEC ID number of contributing federal political committee. **C**
Name of Employer Neurology: Child and Adult, P.C. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 34967376
Amount of Each Receipt this Period **250.00**

B. Dr. Patricio F. Reyes
Full Name (Last, First, Middle Initial)
Mailing Address 401 Phalen Blvd Neurology 4th Floor
City Saint Paul State MN Zip Code 55130-5302
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthPartners/Regions Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2012**
Transaction ID : 34969204
Amount of Each Receipt this Period **250.00**

C. Dr. Sanjeevi C. Tivakaran
Full Name (Last, First, Middle Initial)
Mailing Address 2400 Hospital Dr Ste 310
City Bossier City State LA Zip Code 71111-2387
FEC ID number of contributing federal political committee. **C**
Name of Employer WK Bossier Health Ctr Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 26 / 2012**
Transaction ID : 34971537
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<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 06 / 28 / 2012
Transaction ID : 34982096
 Amount of Each Receipt this Period 100.00

B. Dr. Maureen A. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6059
 1617 Sylvester St SW
 City Olympia State WA Zip Code 98501-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madigan Army Medical Center / Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2012
Transaction ID : 34982098
 Amount of Each Receipt this Period 250.00

C. Dr. Madeleine Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 E Westminster Ln
 City Spokane State WA Zip Code 99223-8406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Stroke and TIA Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 28 / 2012
Transaction ID : 34982102
 Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Todd J. Janus
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Muskogee Avenue

City Des Moines State IA Zip Code 50312-4627

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

Name of Employer Iowa Health Physicians Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 28 / 2012

Transaction ID : 34982114

Amount of Each Receipt this Period
100.00

B. Dr. Jerome Lisk
Full Name (Last, First, Middle Initial)

Mailing Address 65 N Madison Ave Ste 410

City Pasadena State CA Zip Code 91101-2049

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

Name of Employer Southern California Mvmnt Dis Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
06 / 28 / 2012

Transaction ID : 34982117

Amount of Each Receipt this Period
100.00

C. Dr. Gregory T. Pupillo
Full Name (Last, First, Middle Initial)

Mailing Address 225 9th Street S,

City La Crosse State WI Zip Code 54601-4145

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

Name of Employer Franciscan-Skemp Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
06 / 28 / 2012

Transaction ID : 34982141

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 28 / 2012**

Transaction ID : 34982143

Amount of Each Receipt this Period **100.00**

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

Mailing Address 11 Bellwether Way Suite 210

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 28 / 2012**

Transaction ID : 34982147

Amount of Each Receipt this Period **100.00**

C. 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 **06 / 28 / 2012**

Transaction ID : 34983181

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	8175.00

**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. Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City State Zip Code
Dunn NC 28335

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Renee Ellmers RN

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 34858284

Amount of Each Disbursement this Period

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

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Marsha Blackburn

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 34858285

Amount of Each Disbursement this Period

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

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Rogers For Congress

Mailing Address PO Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Michael J. Rogers

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 34858286

Amount of Each Disbursement this Period

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

Campaign Contribution

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	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. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Nancy Pelosi

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 34858288

Amount of Each Disbursement this Period
2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Tom Reed

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 34858290

Amount of Each Disbursement this Period
1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Hagan For Us Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Campaign Contribution

Candidate Name
Sen. Kay R. Hagan

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 34858291

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)..... ▶

4500.00

**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. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 34858293

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2012

Transaction ID : 34882213

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2012

Transaction ID : 34882214

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Pat Roberts For Congress

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : 34882215

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Mikulski For Senate Committee

Mailing Address PO Box 13147

City State Zip Code
Baltimore MD 21203

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Barbara A. Mikulski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : 34886086

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City State Zip Code
Melbourne FL 32935

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Bill Nelson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 34900002

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

6500.00

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. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 34900006

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 34900012

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Scott Desjarlais

Mailing Address P O Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Scott Eugene DesJarlais

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : 34900017

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Butterfield For Congress		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address PO Box 2571		Transaction ID : 34900018
City Wilson	State NC	
Zip Code 27894	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. George K. Butterfield	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 01		

Full Name (Last, First, Middle Initial) B. Engel For Congress		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 462 California Road		Transaction ID : 34900019
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Eliot L. Engel	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		

Full Name (Last, First, Middle Initial) C. Friends Of Cliff Stearns		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address PO Box 308		Transaction ID : 34900020
City Silver Springs	State FL	
Zip Code 34489	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Clifford B. Stearns	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 06		

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. Michaud For Congress

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Michael H. Michaud

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 34900022

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Frederick Stephen Upton

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 34900023

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. 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: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 34900024

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. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Aaron Jon Schock

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 34903677

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Void - Engel For Congress

011

Category/
Type

Candidate Name

Rep. Eliot L. Engel

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2012

Transaction ID : 34946983

Amount of Each Disbursement this Period

-1000.00

Void - Engel For Congress

Full Name (Last, First, Middle Initial)

C. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Edwin Perlmutter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 34971419

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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. NewDemPAC

Mailing Address 700 13 St. NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Federal 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 / 26 / 2012

Transaction ID : 34971475

Amount of Each Disbursement this Period

5000.00

Federal PAC Contribution

Full Name (Last, First, Middle Initial)

B. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Joe L. Barton

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 34971476

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Doris Matsui

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 34971477

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)..... ▶

7000.00

**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. Lynn Jenkins For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address PO Box 1441		Transaction ID : 34971481
City Topeka	State KS	
Zip Code 66601	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Lynn Jenkins	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 02		

Full Name (Last, First, Middle Initial) B. Friends Of Sam Johnson		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address P.O. Box 860096		Transaction ID : 34971482
City Plano	State TX	
Zip Code 75086	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Samuel Robert Johnson	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 03		

Full Name (Last, First, Middle Initial) C. Friends Of Bernie Sanders		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address PO Box 391		Transaction ID : 34971483
City Burlington	State VT	
Zip Code 05402	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Sen. Bernie Sanders	Category/ Type 011	Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VT District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Steny H. Hoyer

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 34971485

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Eliot L. Engel

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 34971497

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Olson For Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Pete Olson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 34971500

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)..... ▶

7000.00

**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. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 830 Ne Holladay, #105		Transaction ID : 34971597
City Portland	State OR	
Zip Code 97232	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Earl Blumenauer	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 03		

Full Name (Last, First, Middle Initial) B. Perlmutter For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 3440 Youngfield Street #264		Transaction ID : 34971655
City Wheat Ridge	State CO	
Zip Code 80033	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name Rep. Edwin Perlmutter	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 07		

Full Name (Last, First, Middle Initial) C. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 830 Ne Holladay, #105		Transaction ID : 34971656
City Portland	State OR	
Zip Code 97232	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Earl Blumenauer	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 03		

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. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 830 Ne Holladay, #105		Transaction ID : 34971848
City Portland	State OR	
Zip Code 97232	Purpose of Disbursement Void - Blumenauer For Congress	Amount of Each Disbursement this Period -1000.00
Candidate Name Rep. Earl Blumenauer	Category/ Type 011	Void - Blumenauer For Congress
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 03		

Full Name (Last, First, Middle Initial) B. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 830 Ne Holladay, #105		Transaction ID : 34971849
City Portland	State OR	
Zip Code 97232	Purpose of Disbursement Void - Blumenauer For Congress	Amount of Each Disbursement this Period -1000.00
Candidate Name Rep. Earl Blumenauer	Category/ Type 011	Void - Blumenauer For Congress
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 03		

Full Name (Last, First, Middle Initial) C. Charles Boustany Jr. Md For Congress, Inc.		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address PO Box 80126		Transaction ID : 34980327
City Lafayette	State LA	
Zip Code 70598	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Charles W. Boustany Jr.	Category/ Type 011	Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 07		

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. Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : 34980340

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : 34980342

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Timothy Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : 34980343

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. David George Reichert

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : 34981349

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

City Wichita State KS Zip Code 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: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : 34982005

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

63000.00