FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M	5	
American Academy of Ne	eurology BrainPAC					
ADDRESS (number and street)	01 C St NE					
Check if different than previously reported. (ACC)	Washington				20002	
2. FEC IDENTIFICATION NUME		L	S		ZIP COD	E 🔺
C C00435933	3. IS T REP		NEW N) OR	AM (A)	ENDED	
 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: Mar 20 (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the: Election of Election of Report for the: Election of the:	(M3) (M4) Primary (12P Convention (on General (300	12C)	Sep 2	20 (M9) 20 (M10) 20 (Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period 07	/ D D / Y Y Y Y 01 2019	through	M M 07	/ D D / 31	2019	
Type or Print Name of Treasurer	Engel, Timothy J., , Mr.,	[Electronically	p Filed] Da	ate 08	/ D D / 19	2019 J.S.C. § 30109
Office Use Only					FEC FORI Rev. 05/20	

PAGE 1 / 29

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name American Academy of Neurology BrainPAC М M D D М D M TD. 07 01 2019 07 31 2019 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 225164.49 January 1, 2019 (b) Cash on Hand at 265786.03 Beginning of Reporting Period..... 12449.84 197521.36 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 422685.85 278235.87 6(a) and 6(c) for Column B)..... 0.00 144449.98 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 278235.87 278235.87 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

Page 3

197521.36

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0000.04	
(i) Itemized (use Schedule A)	8828.34	142368.36
	0004 50	55450.00
(ii) Unitemized	3621.50	55153.00
(iii) TOTAL (add	12140.94	197521.36
Lines 11(a)(i) and (ii)	12449.84	101021.00
(b) Political Ports Committees	0.00	0.00
(b) Political Party 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)	12449.84	197521.36
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
8. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Louin Fundo (from Ochodulo UF)	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	12449.84	197521.36
. Total Federal Receipts		
	12440.94	

(subtract Line 18(c) from Line 19)......



I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: 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)			
Tre	(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Со	mmittees ntributions to	0.00	0.00
Fe an	deral Candidates/Committees d Other Political Committees	0.00	143000.00
(us Co	lependent Expenditures se Schedule E) ordinated Party Expenditures	0.00	0.00
(52	2 U.S.C. § 30116(d)) se Schedule F)	0.00	0.00
Lo	an Repayments Made	0.00	0.00
	ans Made funds of Contributions To:	0.00	0.00
	Individuals/Persons Other Than Political Committees	0.00	1449.98
(b)	,	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	1449.98
	her Disbursements (Including n-Federal Donations)	0.00	0.00
	deral Election Activity (52 U.S.C. § 30101)	4	
	(i) Federal Share	0.00	0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid	0.00	0.00
(c)	Entirely With Federal Funds	0.00	0.00
(0)	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	tal Disbursements (add Lines 21(c), 22, , 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	14449.98
	tal Federal Disbursements Ibtract Line 21(a)(ii) and Line 30(a)(ii)		
	m Line 31)	0.00	144449.98

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 v.	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		-			-	12449.84
		-				
1	4	-		4	-	0.00
						12449.84
1.1.1	4	-		4	-	12449.64
						0.00
		7	-		7	0.00
						0.00
	1	-7-	-	-	-7-	
						0.00
		-7-			-7-	

197521.36 1449.98 196071.38 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date

Page 5

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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29

		Detailed Summary Page	×	11a	11b	11c	12	
				13	14	15	16	17
Any information copied from such Reports a or for commercial purposes, other than usin								
NAME OF COMMITTEE (In Full)								
American Academy of Neuro	ology BrainP	AC						
Full Name of Individual (Last, First, Midd Schwartzbard, Julie, B., Dr.,	le Initial) or Full O	rganization Name	[Date of	Receipt			
Mailing Address 19451 Ambassador Ct				м м 07	/ D 02		y y 2019	Y
City	State	Zip Code		Trans	action ID	: 4363587	9	
Miami	FL	33179-6429	/	Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C						84.	
Name of Employer (for Individual) Aventura Neurologic and Assoc.		upation (for Individual) rologist		Me	emo Item			
Receipt For:		5						
Primary General	Aggregate	Year-to-Date V						
Other (specify) V		462.00						
Full Name of Individual (Last, First, Midd 3. Marcos, Jorge, L., Dr.,	le Initial) or Full O	rganization Name		Date of	Receipt			
Mailing Address 1711 Country Club Prade)			м м 07	/ D		y y 2019	Y
City	State	Zip Code		Trans	action ID	: 4363588	D	
Coral Gables	FL	33134-2189	A			Receipt th		
FEC ID number of contributing federal political committee.	C				· · ·		42.	00
Name of Employer (for Individual) First Choice Neurology		upation (for Individual) Irologist		Me	emo Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	7.33.034.0		11.					
Other (specify) ▼		294.00	4					
Full Name of Individual (Last, First, Middl C. Yochelson, Michael, R., Dr.,	le Initial) or Full O	rganization Name	[Date of	Receipt			
Mailing Address 2813 W Roxboro Rd NE				07 ^M	/ D		2019	Y
City	State	Zip Code		Trans	action ID	: 4364650	9	
Atlanta	GA	30324-2916	ļ	Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С				, ,	y	84.	00
Name of Employer (for Individual) Shepherd Center		upation (for Individual) sician		M	emo Item			
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		588.00						
SUBTOTAL of Receipts This Page (optional	l)		•		.,	9	210.	00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 7 OF

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ITEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b	15 16 e of soliciting contribute ons from such committee ot 03 2019 ID: 43646510 ch Receipt this Period 84.00 em ot 42.00 em ot 42.00 em 42.00 em 42.00 em 42.00 em 42.00 em 42.00 em 42.00					
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Any information copied from such Reports ar or for commercial purposes, other than using												
American Academy of Neuro	logy BrainP	AC										
Full Name of Individual (Last, First, Middle A. Weathers, Allison, L., Dr.,	e Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 8220 Woodberry Blvd				м м 07	/			/ Y			Y	
City Chagrin Falls	State OH	Zip Code 44023-4526				-			-			
		44023-4320	A	mount	tof	Each	Re	ceipt th	iis Pe	eriod	_	
FEC ID number of contributing federal political committee.	C					-y		- 11-		84.0	0	
Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) Irologist		Me	emo	o Item						
Receipt For:		Year-to-Date ▼	_									
Primary General Other (specify) ▼		588.00	1									
Full Name of Individual (Last, First, Middle B. Martello, Justin, P., Dr.,	e Initial) or Full O	rganization Name		Date of	Be	eceint						
Mailing Address 9818 Kraft Hill Rd				M M 07	/	D		/ Y			Y	
City	State	Zip Code		Trans	acti	ion ID	: 4:	366069	8			
Perry Hall	MD	21128-9305	A	mount	of	Each	Re	ceipt th	iis Pe	eriod		
FEC ID number of contributing federal political committee.	C				_	-		- J -	_	42.0	0	
Name of Employer (for Individual) Christiana Care Neurology Specialists		upation (for Individual) Irologist		Me	emc	o Item						
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		209.00]									
Full Name of Individual (Last, First, Middle C. Patel, Anup, D., Dr.,	e Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 1834 Chateaugay Way				м м 07	/			/ Y			Y	
City	State	Zip Code		Trans	act	ion ID):4	366070)0			
Blacklick	OH	43004-8001	A	mount	t of	Each	Re	ceipt th	iis Pe	eriod		
FEC ID number of contributing federal political committee.	С	C					84.00					
Name of Employer (for Individual) Nationwide Children's Hospital and the		upation (for Individual) rologist		M	emo	o Item	I					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00]									
SUBTOTAL of Receipts This Page (optional)					9		9		210.0	0	

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

FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s) for each category of the

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29

	FIJ			Detailed Summary Page	×	11a			11b		11c		12	
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or for commercial purpose	es, other than using the r			ot be sold or used by any political committee										
American Acad	emy of Neurology	/ BrainP	AC	;										
Full Name of Individua A. Vargas, Bert, B., Di	I (Last, First, Middle Initia	Orgar	nization Name		Date o	of Re	ec	eipt						
Mailing Address 12749	Wolf Snare Dr.					^M 07	1 /	/	D 06		/ Y)19	Y
City Frisco		State TX		Zip Code 75035-7047							366128 ceipt th		eriod	
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Name of Employer (for University of Texas Sou	,		upat urolo	ion (for Individual) gist		N	lemo	0	ltem					
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Full Name of Individua B. Tabby, David, S.,	I (Last, First, Middle Initia Dr.,	al) or Full C	Drgar	nization Name		Date o	of Re	ec	eipt					
Mailing Address 217 S	pinghouse Lane					^M 07	/	/	D 06		/ Y	ү 20	19	Y
City Merion Station		State PA		Zip Code 19066-1114							3 66128 ceipt th	-	eriod	
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Name of Employer (for Optimum Neurology	r Individual)		upat vsicia	tion (for Individual) an		N	lemo	0	ltem					
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Full Name of Individua C. Coni, Robert, , D	I (Last, First, Middle Initia Dr.,	al) or Full C	Drgar	nization Name		Date o	of Re	ec	eipt					
Mailing Address 1830	B Culbertson Ave					[™] 07	1 /	/	06		/ Y)19 [°]	Y
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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Any information copied from such Repo	its and Statements m	av not be sold or used by any n		13 r the		14		15 Dicitina	16	17 utions			
or for commercial purposes, other than													
NAME OF COMMITTEE (In Full)		A C											
American Academy of Ne	urology BrainP	AC											
Full Name of Individual (Last, First, Zagar, Dario, M., Dr.,	vliddle Initial) or Full O	rganization Name	D	Date of Receipt									
Mailing Address 201 Fairmount Terra	ice			м м 07	/	D 07		/ Y	ү ү 2019	Ŷ			
City	State CT	Zip Code		Trans	acti	on ID	: 43	366132	0				
Fairfield		06825-1758	A	mount	of	Each I	Rec	eipt thi	is Period]			
FEC ID number of contributing federal political committee.	C							-7	30.	00			
Name of Employer (for Individual) Associated Neurologists of So. Ct.		upation (for Individual) sician		Me	emo	Item							
Receipt For:		Year-to-Date ▼	_										
Primary General	7.99109410		1.1										
Other (specify) ▼		210.00											
Full Name of Individual (Last, First, I B. Zieman, Glynnis, , Dr.,	Middle Initial) or Full C	rganization Name		ate of	Re	ceint							
Mailing Address 1858 W. Navarro Av			_		110	D	D		YY	V			
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City	State	Zip Code		Trans	acti	on ID :	: 43	661323	3				
Mesa	AZ	85202-7444	A	mount	of	Each I	Rec	eipt thi	is Period	i i			
FEC ID number of contributing federal political committee.	C						_	-y	42.	00			
Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) Irologist		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	33 - 3 - 4		11										
Other (specify) ▼		294.00											
Full Name of Individual (Last, First, I C. Etienne, Mill, , Dr.,	Middle Initial) or Full O	rganization Name		ate of	Re	ceint							
Mailing Address 19 Coe Farm Road			_	M M 07	/	D 08		/ Y	2019	Y			
City	State	Zip Code		Trans	acti	ion ID	: 43	366134	0				
Montebello	NY	10901-2908	A	mount	of	Each I	Rec	eipt thi	is Period	1			
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Name of Employer (for Individual)	000	upation (for Individual)		Me	ema	Item							
Bon Secours Charity Health System		rologist	11										
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Primary General	Aggregate												
Other (specify)		588.00											
SUBTOTAL of Receipts This Page (op			ſ	-			_		156.	.00			
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TOTAL This Period (last page this line	number only)					-	_			-			

SCHEDULE A (FEC Form 3X) _ _ _ _

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose o	of solid	citing	contribu	tions
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Anderson, Eric, , Dr.,	al) or Full O	rganization Name	(Date o	f Re	eceipt				
	Mailing Address 5921 Bayview Circle South				м м 07	1	08		Y	ү ү 2019	Y
	City Gulfport	State FL	Zip Code 33707-3929				i on ID Each I			2 s Period	
	FEC ID number of contributing federal political committee.	С							7	209.	00
	Name of Employer (for Individual) Intensive Neuro		upation (for Individual) rologist		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1463.00								
в.	Full Name of Individual (Last, First, Middle Initia Holtz, Steven, J., Dr.,	al) or Full O	rganization Name	[Date o	f Re	eceipt				
	Mailing Address 2009 Tampa Avenue				м м 07		09		Y	y y 2019	Ŷ
	City Oakland	State CA	Zip Code 94611-2620				ion ID : Each I			s Period	
	FEC ID number of contributing federal political committee.	С					ap. 1		-	100.	00
	Name of Employer (for Individual) Neurology Medical Group of Diablo Vall		upation (for Individual) Irologist		Μ	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00								
С.	Full Name of Individual (Last, First, Middle Initia Cavalier, Steven, J., Dr.,	al) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 3726 Ridgetop Dr				м м 07	/	D 11		Y	2019	Y
	City Baton Rouge	State LA	Zip Code 70809-2637				t ion ID Each I			6 s Period	
	FEC ID number of contributing federal political committee.	С					y 1		9	125.	00
	Name of Employer (for Individual) GE		upation (for Individual) rologist		M	lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00								
s	UBTOTAL of Receipts This Page (optional)					-	,		,	434.	00
т	OTAL This Period (last page this line number o	nly)	••••••	.					-		

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Detailed Summary Lage						

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NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC								
Full Name of Individual (Last, First, Middle AMilstein, Mark, , Dr.,	e Initial) or Full O	rganization Name	Date o	of Receipt						
Mailing Address 111 E 88th St Apt 4F			07	/ D D) / Y	2019]		
City New York	State NY	Zip Code 10128-1158		saction ID : nt of Each R			od			
FEC ID number of contributing federal political committee.	С			-		5	50.00			
Name of Employer (for Individual) Montefiore Medical Center		upation (for Individual) Irologist	M	lemo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
Full Name of Individual (Last, First, Middle B. Johnson, Nicholas, Elwood, Dr.,	e Initial) or Full O	rganization Name	Date o	of Receipt						
Mailing Address 11535 GREY OAKS EST	ATES RUN		07	/ D D	/ Y	2019]		
City Glen Allen	State VA	Zip Code 23059-5924		saction ID : nt of Each R		-	od			
FEC ID number of contributing federal political committee.	С				1.95		00.00			
Name of Employer (for Individual) Virginia Commonwealth University		upation (for Individual) Irologist	M	lemo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]							
Full Name of Individual (Last, First, Middle C. Smith, Marsha, , Dr.,	e Initial) or Full O	rganization Name	Date o	of Receipt						
Mailing Address 5988 Capeview Pl			07	16	JL	2019]		
City Mason	State OH	Zip Code 45040-7505		saction ID : nt of Each R			od			
FEC ID number of contributing federal political committee.	С			y	. y	10	00.00			
Name of Employer (for Individual) Riverhills Neuroscience		upation (for Individual) rologist	N	lemo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00]							
SUBTOTAL of Receipts This Page (optiona)				. ,	25	50.00			
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Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14		11c 15	12 16	17
	y information copied from such Reports and Staten for commercial purposes, other than using the nam										
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology B	FrainP	PAC								
Α.	Ann Arbor FEC ID number of contributing federal political committee. Name of Employer (for Individual) Henry Ford Hospital Descint For	State MI Occ Neu	Zip Code 48105-1435 cupation (for Individual) urologist Year-to-Date ▼		mount	of I	on I	16 D : 4 :	/ Y 3686469 ceipt thi	2019 9 s Perior 100	the second secon
в.	Los Altos FEC ID number of contributing federal political committee. Name of Employer (for Individual) VA Palo Alto HCS	State CA Occ Phy	Zip Code 94022-2323 Cupation (for Individual) ysician Year-to-Date ▼ 588.00		mount	of I	on II	17 D:43	/ Y 3690255 ceipt thi	s Perio	
с.	Vestavia FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Alabama Birmingham	State AL Occ Neu	Zip Code 35243-1729 Cupation (for Individual) urologist e Year-to-Date ▼ 700.00		mount	/ acti	on I	17 D:4	/ Y 369026 ceipt thi	2019 0 s Perioo 100	
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\rangle	American Academy of Neurology	BrainP	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Cutsforth-Gregory, Jeremy, K., Dr.,	l) or Full O	rganization Name		Date of	Re	ceipt				
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	City Rochester	State MN	Zip Code 55902-4134					4369026 Receipt th	52 nis Period	_	
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в.	Full Name of Individual (Last, First, Middle Initia Loftus, Brian, D., Dr.,	l) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 6700 West Loop S Ste 330				м м 07	/	D 19	/ Y	2019	Y	
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	Primary General Other (specify) ▼		750.00								
с.	Full Name of Individual (Last, First, Middle Initia Finney, Glen, R., Dr.,	l) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 828 Homestead Dr				м м 07	/	20		2019	Ŷ	
	City Dallas	State PA	Zip Code 18612-7227	-				4370896	65 his Period		
	FEC ID number of contributing federal political committee.	С					,		208.3	34	
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FEC Schedule A (Form 3X) Rev. 06/2016

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			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
ight angle American Academy of Neu	ology BrainP	AC								
Full Name of Individual (Last, First, Mid A. Barnes, J., Todd, Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3924 Pimlico Drive			07 / D D / Y Y Y Y Y 20 2019							
City Norman	State OK	Zip Code 73072-6521	Transaction ID : 43708966 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) OU Department of Neurology	Bus	upation (for Individual) iness Administrator	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]							
Full Name of Individual (Last, First, Mid Jones, Lyell, K., Dr.,	-	rganization Name	Date of Receipt							
Mailing Address 2055 Scenic View Lane	SW	Zip Code	07 20 2019							
Rochester	MN	55902-2575	Transaction ID : 43708968 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		84.00							
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) ırologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		588.00]							
Full Name of Individual (Last, First, Mid C. Ichord, Rebecca, N., Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2320 Pine ST			07 / D D / Y Y Y Y Y 20 2019							
City Philadelphia	State PA	Zip Code 19103-6415	Transaction ID : 43708972							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Perelman School of Medicine of the Uni		upation (for Individual) rologist	Memo Item							
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SUBTOTAL of Receipts This Page (option	nal)		226.00							
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NAME OF COMMITTEE (In Full) American Academy of N	eurology BrainPAC	
Full Name of Individual (Last, First, Absher, John, R., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 10 Collins Creek R	-	07 / D D / Y Y Y Y 20 2019
City Greenville	StateZip CodeSC29607-3727	Transaction ID : 43708976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual) Univ. SC SOM, Greenville	Occupation (for Individual) Neurologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	94.00
Full Name of Individual (Last, First, B. Davis, Anthony, , Dr.,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 279 Phillips Road		07 20 2019
City Pottsville	StateZip CodeAR72858-8896	Transaction ID : 43708978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Davis Neurology PLLC	Occupation (for Individual) Neurologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	'50.00
Full Name of Individual (Last, First, C. Anderson, Wayne, E., Dr.	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 401 Harrison St Apt 42A		07 / D D / Y Y Y Y 2019
City San Francisco	StateZip CodeCA94105-2797	Transaction ID : 43708997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Self-Employed Receipt For:	Occupation (for Individual) Neurologist	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 33	50.00
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	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC							
Α.	Full Name of Individual (Last, First, Middle Initia Koenig, Matthew, A., Dr.,	ll) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 1416 Koko Head Ave	1-		07 21 Y Y Y Y						
	City Honolulu	State HI	Zip Code 96816-3234				on ID : 4 Each Re		99 nis Perio	d
	FEC ID number of contributing federal political committee.	С					-		125	5.00
	Name of Employer (for Individual) The Queen's Medical Center		upation (for Individual) urologist		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Igregate Year-to-Date ▼ 875.00							
в.	Full Name of Individual (Last, First, Middle Initia Patton, Eddie, L., Dr.,	l) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 1819 Solana Springs Drive			м м 07	/	22	/ Y	2019	Y	
	City Sugar Land	State TX	Zip Code 77479-5558				on ID : 4 Each Re		4 nis Perio	d
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	Name of Employer (for Individual) Mischer Neuroscience Associates	upation (for Individual) vsician		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 315.00]							
С.	Full Name of Individual (Last, First, Middle Initia Tornes, Leticia, , Dr.,	l) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 6480 SW 49th St				^M 07	/	D D 22	/ Y	2019 [°]	Y
	City Miami	State FL	Zip Code 33155-6103				i on ID : Each Re		16 nis Perio	d
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, y	21	.00
	Name of Employer (for Individual) University of Miami	upation (for Individual) irologist		M	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 647.00]						
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	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC						
Α.	Full Name of Individual (Last, First, Middle Ini Khan, Jaffar, , Dr.,	tial) or Full O	rganization Name	Date of	of Receipt				
	Mailing Address 292 Riverford Way			07 23 2019					
	City Lawrenceville	State GA	Zip Code 30043-6416		saction ID : nt of Each F				
	FEC ID number of contributing federal political committee.	С					84.0	00	
	Name of Employer (for Individual) Occupation (for Individual) Emory Healthcare Neurologist				lemo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 588.00						
В.	Full Name of Individual (Last, First, Middle Ini Cedarbaum, Jesse, M., Dr., Mailing Address 16 Old Barnabas Rd	tial) or Full O	rganization Name	Date of	of Receipt) / Y	ÝÝ	Y	
	City	State	Zip Code	07	23		2019		
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	Name of Employer (for Individual) Biogen		upation (for Individual) irologist						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00						
с.	Full Name of Individual (Last, First, Middle Ini Busis, Neil, A., Dr.,	tial) or Full O	rganization Name	Date of	of Receipt				
	Mailing Address 6934 Rosewood St			07	M / 23		2019	Y	
	City Pittsburgh	State PA	Zip Code 15208-2639		isaction ID : nt of Each F				
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	Name of Employer (for Individual) UPP Department of Neurology-Shadyside	upation (for Individual) sician		Memo Item					
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 2360.00							
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NAME OF COMMITTEE (In Full)									
American Academy of Neur	ology BrainP	AC							
Full Name of Individual (Last, First, Mide Gutierrez, Amparo, , Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 55 W Church St Apt #2016			07 23 2019						
City Orlando	State FL	Zip Code 32801-4920	Transaction ID : 43728372 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Orlando Health		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	1						
Full Name of Individual (Last, First, Mide 3. Bickel, Jennifer, , Dr. ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3400 SW 22nd Street			07 23 2019						
City	State	Zip Code	Transaction ID : 43728374						
Blue Springs	MO	64015-7617	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) Childrens Mercy Hospital Neurology		upation (for Individual) Irologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]						
Full Name of Individual (Last, First, Mide C. Gilmer, William, S., Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2323 Dunstan Rd			07 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Houston	State TX	Zip Code 77005-2613	Transaction ID : 43730375 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Willam S Gilmer MD PA		upation (for Individual) rologist	Memo Item						
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NAME OF COMMITTEE (In Full)			
American Academy of Neur	ology BrainP	AC	
Full Name of Individual (Last, First, Mide Ghacibeh, Georges, A., Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 47 Birch St			07 / D D / Y Y Y Y Y 24 2019
City	State NJ	Zip Code	Transaction ID : 43730377
Englewood Cliffs		07632-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Progressive Neurology		upation (for Individual) Irologist	Memo Item
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Other (specify)		294.00	
Full Name of Individual (Last, First, Mido 3. Perkins, Erik , , Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9930 Scripps Vista Way Apt 151			07 24 2019
City	State	Zip Code	Transaction ID : 43730381
San Diego	CA	92131-2765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group		upation (for Individual) rsician	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		504.00]
Full Name of Individual (Last, First, Mido C. Moschonas, Constantine, , Dr		rganization Name	Date of Receipt
Mailing Address 8113 E Del Cuarzo Dr			07 24 2019
City	State	Zip Code	Transaction ID : 43730383
Scottsdale	AZ	85258-2254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer (for Individual) Four Peaks Neurology		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00	
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Other (specify) ▼ 560.0							
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
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Full Name of Individual (Last, First, Mid AAntonio, Aileen, , Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2295 New Town Dr NE			07 / D D / Y Y Y Y 25 / 2019					
City Grand Rapids	State MI	Zip Code 49525-3917	Transaction ID : 43734299 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		200.00					
Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N		upation (for Individual) rologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]					
Full Name of Individual (Last, First, Mid B. Coffman, Keith, , Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4119 W. 94th Terrace			07 / D D / Y Y Y Y 25 / 2019					
City Prairie Village	State KS	Zip Code 66207-2713	Transaction ID : 43734300					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Children'S Mercy Hospitals and Clinics	Occ Self	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		350.00]					
Full Name of Individual (Last, First, Mid Davis, Anthony, , Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 279 Phillips Road			07 / D D / Y Y Y Y 25 / 2019					
City Pottsville	State AR	Zip Code 72858-8896	Transaction ID : 43734301 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Davis Neurology PLLC		ccupation (for Individual) Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00]					
SUBTOTAL of Receipts This Page (option	nal)		350.00					
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Full Name of Individual (Last, First, Midd Sico, Jason, J., Dr.,	le Initial) or Full C	organization Name	Date	of Re	eceipt			
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City Guilford	State CT	Zip Code 06437-1905				4373430 leceipt th	2 is Period	
FEC ID number of contributing federal political committee.	C				-		85.0	00
Name of Employer (for Individual) West Haven VAMC/Yale School of Medici		upation (for Individual) ical Reasearch Fellow		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	1					
Full Name of Individual (Last, First, Midd B. Ko, Melissa, W., Dr.,	le Initial) or Full C	organization Name	Date	of Re	eceipt			
Mailing Address 13039 Brighton Avenue			07		25		2019	Y
City Carmel	State IN	Zip Code 46032-9672				4373430	3 is Period	
FEC ID number of contributing federal political committee.	С				7		41.(00
Name of Employer (for Individual) University Health care Center Neurolog		upation (for Individual) urologist		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.00]					
Full Name of Individual (Last, First, Midd C. Sanders, Amy, E., Dr.,	le Initial) or Full C	organization Name	Date	of Re	eceipt			
Mailing Address 11 Wollmann Farms Roa	1		M 07		D 25		ү ү 2019	Y
City Burlington	State CT	Zip Code 06013-1625				4373430 leceipt th	is Period	
FEC ID number of contributing federal political committee.	C				y	. y	100.0	00
Ayer Neuroscience Institute		upation (for Individual) rologist		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1					
SUBTOTAL of Receipts This Page (option	al)				7	. ,	226.0	00
TOTAL This Period (last page this line nur	nber only)							

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Academy of Ne	urology BrainP	AC							
Full Name of Individual (Last, First, M Reynolds, Wesley, D., Dr., Mailing Address 3735 Yates St	/liddle Initial) or Full C	rganization Name	Date of Receipt						
City Denver	State CO	Zip Code 80212-2040	Transaction ID : 43735180 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) Centura Health Receipt For:		upation (for Individual) ırologist	Memo Item						
Primary General Other (specify) ▼	1								
Full Name of Individual (Last, First, M Cardenas, Javier, , Dr.,	/liddle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4135 N. 33rd St.	a		07 / D D / Y Y Y Y 26 2019						
City Phoenix	State AZ	Zip Code 85018-4724	Transaction ID : 43735181 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) vsician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]						
Full Name of Individual (Last, First, M C. Kopinski, Jason, , Mr.,	Aiddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 201 Chicago Ave			07 / D D / Y Y Y Y 26 / 2019						
City Minneapolis	State MN	Zip Code 55415-1126	Transaction ID : 43735183 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		91.00						
Name of Employer (for Individual) American Academy of Neurology Receipt For: Primary General	Dep	upation (for Individual) uty Executive Director Year-to-Date ▼	Memo Item						
Other (specify)		637.00							
SUBTOTAL of Receipts This Page (op	tional)		, 233.00						
TOTAL This Period (last page this line	number only)								

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainP	AC				
Full Name of Individual (Last, First, Middle A. Gao, Xiao-Ke, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 102 Sheephill Road	State	Zip Code	07 26 2019			
Riverside	CT	06878-1121	Transaction ID : 43735185 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Eastern Comprehensive Medical Services		upation (for Individual) rologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00				
Full Name of Individual (Last, First, Middle B. Prusinski, Christopher, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 119 Lansing Island			07 26 2019			
City Indian Harbour Beach	State FL	Zip Code 32937-5354	Transaction ID : 43735189			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer (for Individual) Self-Employed		upation (for Individual) rologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1463.00				
Full Name of Individual (Last, First, Middle C. Sermersheim, Michael, A., Dr.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 1253 Eagle Crest Dr			07 26 Y Y Y Y 2019			
City Greenwood	State IN	Zip Code 46143-8325	Transaction ID : 43735190 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) JWM Neurology		upation (for Individual) rologist	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 588.00				
SUBTOTAL of Receipts This Page (optional))		393.00			

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

FEC Schedule A (Form 3X) Rev. 06/2016

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for each category of the Detailed Summary Page	🗶 11a 🗌 11b						

	INIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		11	b		11c		12				
				Jelaneu Summaly Faye		13		14			15		16	17			
or f	information copied from such Reports and or commercial purposes, other than using t																
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC	;													
۹	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beltran, Dario, , Dr., Mailing Address 4805 Briarwood Ave Apt 303							Date of Receipt									
_	Dity		07 26 2019 Transaction ID : 43735191														
	Midland	State TX		Amount of Each Receipt this Period													
	FEC ID number of contributing ederal political committee.	С		60.00													
	Name of Employer (for Individual) Midland Health Neurology		М	emo	b It	em											
F	Receipt For: Primary General Other (specify) ▼]															
3.	Full Name of Individual (Last, First, Middle I Kissela, Brett, M., Dr.,	nitial) or Full O	rgar	ization Name		Date o	f Re	ece	ipt								
ľ	Mailing Address 9878 Zig Zag Road							07 27 2019									
	Dity Montgomery	State OH		Zip Code 45242-6311		Transaction ID : 43741812 Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С				,			-7-		209.0	0					
	Name of Employer (for Individual) Iniversity of Cincinnati Hospital		upat urolo	ion (for Individual) gist		М	emo	b It	em								
Ē	Receipt For: Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼															
)	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brandes, David, W., Dr.,							Date of Receipt									
_	Aailing Address 106 Autumn Woods Drive					07 27 2019											
	City Sweetwater	State TN		Zip Code 37874-6482		Transaction ID : 437418 Amount of Each Receipt t							eriod				
	EC ID number of contributing ederal political committee.	C		85.00													
I	Name of Employer (for Individual) Hope Neurology								Memo Item								
F	Receipt For: Primary General Other (specify)	Aggregate	1														
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC	2								
Full Name of Individual (Last, First, Middle Villa, Kenneth, J., Dr., Mailing Address 4056 Saint James PI										
City	07 27 2019 Transaction ID : 43741814									
San Diego										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Sharp Rees Stealy Medical Group	Occupa Neurolo	tion (for Individual) ogist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	5								
Full Name of Individual (Last, First, Middle B. Platzer, Meril, S., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Platzer, Meril, S., Dr.,									
Mailing Address 28404 Foothill Drive	Mailing Address 28404 Foothill Drive									
City	State	Zip Code	Transaction ID : 43741815							
Agoura Hills	CA	91301-2242	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) Dr. Meril S. Platzer	Occupa Physici	ition (for Individual) Ian	Memo Item							
Receipt For:	Aggregate Yea	ar-to-Date 🔻								
Other (specify)	4									
Full Name of Individual (Last, First, Middle C. Fox, Edward, J., Dr.,	Initial) or Full Orga	nization Name	Date of Receipt							
Mailing Address 1921 Plantation Dr.	Mailing Address 1921 Plantation Dr.									
City	State	Zip Code	Transaction ID : 43741823							
Round Rock	ТХ	78681-2166	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	1000.00									
Name of Employer (for Individual) Central Texas Neurology Consultants	Occupa Neurolo	tion (for Individual) gist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1000.00								
SUBTOTAL of Receipts This Page (optional)		•	1225.00							

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

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		Detailed Summary Page	×	11a		11b	ŀ	11c	1	12											
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NAME OF COMMITTEE (In Full)		_																			
angle American Academy of Neurolo	ogy BrainP	AC																			
Full Name of Individual (Last, First, Middle I Huang, Monquen, , Dr.,	nitial) or Full O	rganization Name		Date of Receipt																	
Mailing Address 18911 Presley Circle		07 28 2019																			
City	State	Zip Code		Trans	acti	ion ID :	: 437	74192	1												
Cerritos	CA	90703-6087	A	Amount	of	Each F	Rece	eipt thi	is Pe	eriod											
FEC ID number of contributing federal political committee.	С							-		30.0	0										
Name of Employer (for Individual)		upation (for Individual) rologist		Memo Item																	
Torrance Memorial Physician Network Receipt For:		5	_																		
Primary General	Aggregate	Year-to-Date V																			
Other (specify)																					
Full Name of Individual (Last, First, Middle I . Gamaldo, Charlene, , Dr.,	nitial) or Full O	rganization Name		Date of	Re	ceipt															
Mailing Address 7511 Morris Street											07 28 2019										
City	State	Zip Code		Trans	acti	on ID :	: 437	41922	2												
Fulton	MD	20759-2307	A	Amount of Each Receipt this Peri						eriod											
FEC ID number of contributing federal political committee.	C			42.00																	
Name of Employer (for Individual) Johns Hopkins University		upation (for Individual) rologist		Me	emo	Item															
Receipt For:	Aggregate	Year-to-Date ▼																			
Primary General	i iggi egane		11																		
Other (specify) v		294.00	4																		
Full Name of Individual (Last, First, Middle I Cohen, Bruce, H., Dr.,	nitial) or Full O	rganization Name	C	Date of	Re	ceipt															
Mailing Address 3141 Neille Lane			^M 07	1	D 28		/ Y	y 201	9 ^Y	Y											
City	State	Zip Code		Trans	act	ion ID	: 437	74192	8												
Twinsburg	OH	44087-3808	A	Amount	of	Each F	Rece	eipt thi	is Pe	eriod											
FEC ID number of contributing federal political committee.	С					, .		9	2	225.0	0										
Name of Employer (for Individual) Children's Hospital Medical Center of		M	emc	ltem																	
Receipt For: Primary General Other (specify)	Aggregate																				
SUBTOTAL of Receipts This Page (optional)		1575.00	- -			,		5	2	297.0	0										

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

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				Detailed Summary Page)	' 11a		1	1b	11	c		12								
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	y information copied from such Reports and St for commercial purposes, other than using the																				
\setminus	NAME OF COMMITTEE (In Full)																				
	American Academy of Neurolog	y Brainl	PAC																		
Α.	Full Name of Individual (Last, First, Middle Initi Urion, David, K., Dr.,	ial) or Full	Orga	nization Name		Date of Receipt															
	Mailing Address 3 Pierce Hill Road		07 28 2019																		
	City	State Zip Code								Transaction ID : 43741930											
	Lincoln	MA		01773-3201	Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С			100.00																
	Name of Employer (for Individual) Children'S Hospital Boston		Memo Item																		
	Receipt For:																				
	Primary General Other (specify) ▼	1																			
в.	Full Name of Individual (Last, First, Middle Initi Thornton, James, B., Dr.,		Date of Receipt																		
	Mailing Address 14107 LAKE FOREST LN		07 28 2019																		
	City	State Zip Code								Transaction ID : 43741933											
	LOUISVILLE	KY		40245-5214	Amount of Each Ree						t this	sР	eriod								
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri									42.00										
	Name of Employer (for Individual) Baptist Medical Group										Memo Item										
	Receipt For:	Aggregat	te Ye	ar-to-Date 🔻																	
	Primary General Other (specify) ▼																				
С.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Di Carlo-Garner, Rosanna, L., Dr.,							Date of Receipt													
	Mailing Address 3647 Bayshore Blvd NE		07 28 2019																		
	City	State		Zip Code		Trar	sac	tio	n ID :	4374	1934	ŀ									
	Saint Petersburg	FL		33703-5513	_	Amou	nt of	fΕ	ach R	leceip	t this	sΡ	eriod								
	FEC ID number of contributing federal political committee.	С				42.00															
	Name of Employer (for Individual) Vincent Di Carlo & Associates	Oc Ne			/lem	io I	ltem														
	Receipt For:	Aggregate rear-to-Date +																			
	Primary General Other (specify)																				
s	UBTOTAL of Receipts This Page (optional)				 ►		-	,					184.0	0							

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10	EWIZED RECEIPTS		Detailed Summary Page	▼ 11a 11b 11c 12											
				13 14 15 16 17											
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	NAME OF COMMITTEE (In Full)		10												
	American Academy of Neurolo	ogy BrainP	AC												
۹.	Full Name of Individual (Last, First, Middle I Higgins, Donald, S., Dr., Jr.	nitial) or Full C	organization Name	Date of Receipt											
	Mailing Address 40 Oak Tree Lane	07 / D D / Y Y Y Y 28 2019													
	City	State	Zip Code	Transaction ID : 43741952											
-	Niskayuna	NY	12309-1824	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		250.00											
	Name of Employer (for Individual) Veterans Health Administration/Neurolo	Memo Item													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼]													
	Full Name of Individual (Last, First, Middle I McKinnon, Jonathan, Hart, Dr.,	l nitial) or Full C	Prganization Name	Date of Receipt											
	Mailing Address 351 N Buffalo Drive Suite B	07 29 2019													
	City	State	Zip Code	Transaction ID : 43746354											
-	Las Vegas	NV	89145-0301	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	200.00													
	Name of Employer (for Individual) Las Vegas Clinic	Memo Item													
	Receipt For:	Aggregate	Year-to-Date ▼	7											
	Other (specify) V		, 1400.00												
C.	Full Name of Individual (Last, First, Middle I McKinnon, Jonathan, Hart, Dr.,	Date of Receipt													
	Mailing Address 351 N Buffalo Drive Suite B			07 28 2019											
	City	State NV	Zip Code	Transaction ID : 43807941											
-	Las Vegas		89145-0301	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		200.00											
	Name of Employer (for Individual)	Memo Item													
	Las Vegas Clinic														
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		1200.00]											
SI	JBTOTAL of Receipts This Page (optional)	<u> </u>		650.00											
т	DTAL This Period (last page this line numbe	r only)		8828.34											