Image# 202205179512386018

FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If ty over the lines.		12FE4M5	
American Academy of Ne	urology BrainPAC	;			
20	01 Chicago Avenue				
ADDRESS (number and street)					
Check if different	linneapolis			MN	55415
2. FEC IDENTIFICATION NUMB		ſY ▲	S	STATE 🔺	ZIP CODE
C C00435933		S THIS REPORT	NEW (N) OR	AME (A)	NDED
4. TYPE OF REPORT () (Choose One)	Report	20 (M2)	May 20 (M5)	Aug 2	0 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	- 20 (M3)	Jun 20 (M6)	Sep 2	
April 15	Apr	20 (M4)	Jul 20 (M7)	Oct 20) (M10) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE -Election	Primary (1	2P)	General (1	2G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention	n (12C)	Special (12	2S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Electio	on on	/ D D /	YYYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (3	90G)	Runoff (30	R) Special (30S)
Termination Report	Report for the:	M			in the
L (TER)	Electio	on on			State of
5. Covering Period	01 / Y Y Y 01 2022	through	M M 04	/ D D / 30	2022
I certify that I have examined this Re	eport and to the best of lyren, Kevin C., , Mr.,	my knowledge and	d belief it is tru	e, correct and	complete.
Type or Print Name of Treasurer					
Signature of Treasurer	vin C., , Mr.,	[Electronic	ally Filed]	ate 05	/ D D / Y Y Y Y 17 2022
NOTE: Submission of false, erroneous,	or incomplete informatio	n may subject the p	erson signing th	is Report to the	penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

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X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M D D М D М N D 04 01 2022 04 30 2022 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 417087.94 January 1, 2022 (b) Cash on Hand at 365081.92 Beginning of Reporting Period..... 61392.66 128986.64 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 546074.58 426474.58 6(a) and 6(c) for Column B)..... 16000.00 135600.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 410474.58 410474.58 (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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From:	/ D D / Y Y Y Y 01 2022	To: 04 / 0 - 0 / 2022
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		
(i) Itemized (use Schedule A)	52885.66	97109.64
	8507.00	31877.00
(ii) Unitemized	0007.00	31077.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	61392.66	128986.64
	1 01002.00	47. 47. 47.
(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)	61392.66	128986.64
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received		495 495 495 475
Lass Derevenente Deseñved	0.00	0.00
Loan Repayments Received 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 느	45. 45.	ApApApA
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	61392.66	128986.64
. Total Federal Receipts	64202.66	100000 01
(subtract Line 18(c) from Line 19)►	61392.66	128986.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 135500.00 and Other Political Committees... 16000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 100.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 100.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(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 Total Federal Election Activity (add (C) 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)).. 16000.00 135600.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 16000.00 135600.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

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

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1.1					61392.66
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0.00	-				Ι.	

COLUMN B

Calendar Year-to-Date



Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
for each category of the Detailed Summary Page	🗡 11a 🗌 11b					
Detailed Summary Lage						

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC									
Full Name of Individual (Last, First, Middle A. Greeley, David, R., Dr., Mailing Address 1125 E 27th Avenue	Initial) or Full C	organization Name	Date of Receipt								
City Spokane	State WA	Zip Code 99203-3348	04 01 2022 Transaction ID : 47453313 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		84.00								
Name of Employer (for Individual) Northwest Neurological, PLLC Receipt For:		upation (for Individual) sician	Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1								
Full Name of Individual (Last, First, Middle B. Stevens, James, C., Dr.,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 12112 Aboite Center Rd			04 01 Y Y Y Y 022 01								
City Fort Wayne	State IN	Zip Code 46814-9528	Transaction ID : 47453314 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		209.00								
Name of Employer (for Individual) Allied Physicians, Inc.		upation (for Individual) /sician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 836.00									
Full Name of Individual (Last, First, Middle C. Reynolds, Wesley, D., Dr.,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3735 Yates St			04 / D D / Y Y Y Y 02 2022								
City Denver	State CO	Zip Code 80212-2040	Transaction ID : 47454892 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individual) Centura Health		upation (for Individual) rologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
SUBTOTAL of Receipts This Page (optional)			543.00								
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PAGE 6 OF

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
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ITEMIZED RECEIPTS		for each category of the 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 using												
American Academy of Neuro	logy BrainP	AC										
Full Name of Individual (Last, First, Middl A. Koenig, Matthew, A., Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 1416 Koko Head Ave				04 03 2022								
City	State HI	Zip Code	Transaction ID: 47454904									
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Name of Employer (for Individual) The Queen's Medical Center		upation (for Individual) rologist		M	emo	Item	ı					
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Mailing Address 8220 Woodberry Blvd				04 03 2022								
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Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) Irologist		M	emo	Item	ı					
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Nationwide Children's Hospital and the		rologist										
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PAGE 7 OF

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

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PAGE 8 OF

		Detailed Summary Page	×	11a 13		11b	11c	12	17								
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	I ay not be sold or used by any p Iddress of any political committed	erson fo e to sol	or the	purp ntrib	pose of :	soliciting	g contribu	tions								
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC															
Full Name of Individual (Last, First, Midd A. Kilgore, Shannon, M., Dr.,	le Initial) or Full C	organization Name	Date of Receipt														
Mailing Address 11 Doud Dr																	
City Los Altos	State CA	Zip Code 94022-2323	Transaction ID : 47454921 Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	С		84.00														
Name of Employer (for Individual) VA Palo Alto HCS		upation (for Individual) sician		Me	emo	tem											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]														
Full Name of Individual (Last, First, Midd B. Kissela, Brett, M., Dr.,	le Initial) or Full C	organization Name		Date of	Re	eceipt											
Mailing Address 9878 Zig Zag Drive	Mailing Address 9878 Zig Zag Drive								04 09 / Y Y Y Y 2022								
City Montgomery	State OH	Zip Code 45242-6311				i on ID : 4 Each Re		8 iis Period									
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Name of Employer (for Individual) University of Cincinnati Hospital		upation (for Individual) urologist		Me	emo	tem											
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Full Name of Individual (Last, First, Midd C. Cutsforth-Gregory, Jeremy, K.	., Dr.,	rganization Name	C	Date of	Re	eceipt											
Mailing Address 331 Wimbledon Hills Dr	1			04 ^M	/	D D 13	/ Y	2022 Y	Y								
City Rochester	State MN	Zip Code 55902-4134	A			ion ID : 4 Each Re		is Period									
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Name of Employer (for Individual) Mayo Clinic		upation (for Individual) rologist		Me	emo	o Item											
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PAGE 9 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a	a		11 14	ŀ	\square	11c 15	12	<u> </u>						
	y information copied from such Reports and S for commercial purposes, other than using the					or th			pos	se of		liciting	contrib	outions						
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	٩C	;																
۹.	Full Name of Individual (Last, First, Middle Init Davis, Anthony, , Dr.,	ial) or Full C)rgar	nization Name		Date of Receipt														
	Mailing Address 8 Pine Forest Drive					04 / D D / Y Y Y Y 2022														
	City Russellville	State AR		Zip Code 72801-4514	Transaction ID : 47477437 Amount of Each Receipt this Period									od						
	FEC ID number of contributing federal political committee.	С	_		100.00															
	Name of Employer (for Individual) Davis Neurology PLLC		cupat urolo	ion (for Individual) gist	Memo Item															
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00																				
З.	Full Name of Individual (Last, First, Middle Init Hall, Deborah, , Dr.,	ial) or Full C)rgar	nization Name		Date	of	Re	ece	ipt										
Mailing Address 839 S Clifton										04 / 07 / Y Y Y Y 02022										
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	Name of Employer (for Individual) Rush University		cupat urolo	tion (for Individual) gist		Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00																
с.	Full Name of Individual (Last, First, Middle Init Geschwind, Michael, D., Dr.,	ial) or Full C)rgar	nization Name		Date	of	Re	cei	ipt										
	Mailing Address 808 Minnesota St #452	04-4-				м 0-		/	L	06	;	/ Y	2022	Y						
	City San Francisco	State CA		Zip Code 94107-3095								247744 eipt thi	is Peric	od						
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UCSF Net				Occupation (for Individual) Neurologist						Memo Item										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		1	1b		11c		12		
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	y information copied from such Reports and State for commercial purposes, other than using the nar													
\backslash	NAME OF COMMITTEE (In Full)													
$\underline{)}$	American Academy of Neurology E	BrainP/	AC											
Α.	Full Name of Individual (Last, First, Middle Initial) Deeb, Wissam, Georges, Dr.,	or Full Or	rganization Name		Date of	Re	ece	ipt						
	Mailing Address 4 Tower Hill Rd				м м 04	/	l	06		/ Y)22	Y	
		State	Zip Code		Trans	acti	ior	ו ID :	47	47744	9			
	Boylston	MA	01505-1001	A	mount	of	Ea	ach F	lec	eipt th	is Pe	eriod		
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	Name of Employer (for Individual) UMASS Memorial Health		upation (for Individual) rologist		Me	emo	o It	em						
	Poppint For:		Year-to-Date ▼											
	Primary General Other (specify) ▼													
В.	Full Name of Individual (Last, First, Middle Initial) Bosque, Patrick, J., Dr.,	or Full Or	rganization Name		Date of	Re	ece	ipt						
	Mailing Address 121 W 4th Ave				м м 04	1	ľ	06		/ Y	202	ү 22	Y	
	City	State	Zip Code		Transaction ID : 47477451									
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	Name of Employer (for Individual) Denver Health Medical Center		upation (for Individual) rologist		Memo Item									
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с.	Full Name of Individual (Last, First, Middle Initial) Guidry, Andrew, Thomas, Dr.,	or Full Or	rganization Name		Date of	Re	ece	ipt						
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	Name of Employer (for Individual) Occupation (for Individual) The Sandra and Malcolm Berman Brain &					Memo Item								
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	Primary General Other (specify) 250.00													
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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
			e to solicit contributions from such committee.										
ight angle American Academy o	of Neurology BrainP	AC											
Full Name of Individual (Last, Good, David, C., Dr.,	First, Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4105 Misty Va			04 / D D / Y Y Y Y 06 / 2022										
City Middleton	State WI	Zip Code 53562-1067	Transaction ID : 47477453 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		1000.00										
Name of Employer (for Individu	,	upation (for Individual) rologist	Memo Item										
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Full Name of Individual (Last, B. Hosey, Jonathan, P., Di	r.,	rganization Name	Date of Receipt										
Mailing Address 3550 Haupts E	Bridge Road	Zip Code	04 06 2022										
Riegelsville	PA	18077-9552	Transaction ID : 47477454 Amount of Each Receipt this Period										
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Name of Employer (for Individ St Luke's Neurology Associates	'	upation (for Individual) sician	Memo Item										
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 1100.00]										
Full Name of Individual (Last, C. Antonio, Aileen, , Dr.,	First, Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2295 New To			04 / D D / Y Y Y Y Y 06 / 2022										
City Grand Rapids	State MI	Zip Code 49525-3917	Transaction ID : 47477455										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer (for Individu Mercy Health Saint Mary's Hau		upation (for Individual) rologist	Memo Item										
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 800.00	1										
SUBTOTAL of Receipts This Pa	ge (optional)		2200.00										
TOTAL This Period (last page th													

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for each category of the Detailed Summary Page	X 11a 11b							

Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sirven, Joseph, I., Dr., Mailing Address 2305 Oceanwalk Drive West City State Atlantic Beach FL Sizven jolitical committee. Name of Employer (for Individual) Occupation (for Individual) Mayo Clinic Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Avitzur, Orly, , Dr., Mailing Address 815 Old Sleepy Hollow Rd Extension City State Briarcliff NY 10510-2543 Toolo							
or for commercial purposes, other than using the name and address of any political committie to so NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sirven, Joseph, I., Dr., Mailing Address 2305 Oceanwalk Drive West City Attantic Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mayo Clinic Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Avitzur, Orly, , Dr., Mailing Address 815 Old Sleepy Hollow Rd Extension City State Briarcliff City State Dirign Address 815 Old Sleepy Hollow Rd Extension	for the purpose of soliciting contributions						
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	,	itate WI	Zip Code 53562-1067	Transaction ID : 47477551 Amount of Each Receipt this Period 3000.00
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	Houston FEC ID number of contributing federal political committee. Name of Employer (for Individual) The Methodist Hospital Descript For:	Occu Phys	Zip Code 77005-1778	Transaction ID : 47477554 Amount of Each Receipt this Period 250.00 Memo Item
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B.	Full Name of Individual (Last, First, Middle Initial) of Pauzauskie, Sean, Thomas, Dr., Mailing Address 1523 Remington Street	or Full O	rganization Name	Date of Receipt				
	Fort Collins	State CO	Zip Code 80524-4141	Transaction ID : 47477557 Amount of Each Receipt this Period 500.00				
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C.	Full Name of Individual (Last, First, Middle Initial) of Kaloides, Amy, , Ms., Mailing Address 2520 Wellington Circle	or Full O	rganization Name	Date of Receipt				
	Wayzata FEC ID number of contributing federal political committee. Name of Employer (for Individual) American Academy of Neurology	Dire	Zip Code 55391-2412 upation (for Individual) ctor, Advocacy Year-to-Date ▼ 250.00	Transaction ID : 47477571 Amount of Each Receipt this Period 250.00 Memo Item				
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City Houston	State TX	Zip Code 77004-7782	Transaction ID : 47477572 Amount of Each Receipt this Period
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с.	Full Name of Individual (Last, First, Middle Init Gutmann, Laurie, , Dr.,	ial) or Full O	rganization Name		Date of	^r Receip	t				
	Mailing Address 618 N SENATE AVE				^M 04		03 [/]	Y Y Y 2022	Y		
	City INDIANAPOLIS	State IN	Zip Code 46202-3110				D : 47477 n Receipt	914 this Period	d		
	FEC ID number of contributing federal political committee.	С			Ľ.	y		1000	.00		
	Name of Employer (for Individual) IU Health		upation (for Individual) rologist		М	emo Iter	n				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
s	UBTOTAL of Receipts This Page (optional)			• •		,		2650	.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

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
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Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainP	AC							
Full Name of Individual (Last, First, Middle Branson, Chantale, Octavia, Dr.,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 3875 Hilson Haven Decatu	ır		04 03 2022						
City Decatur	State GA	Zip Code 30034-2201	Transaction ID : 47477918 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Morehouse School of Medicine Receipt For:	Memo Item								
Other (specify) ▼ Full Name of Individual (Last, First, Middle	Initial) or Full O	500.00							
Mailing Address 5921 Farmcrest Point SE		Date of Receipt							
City Mableton	State GA	Zip Code 30126-5736	Transaction ID : 47477920 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Joi Life Wellness Group		upation (for Individual) urologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
Full Name of Individual (Last, First, Middle C. Sarwal, Aarti, , Dr.,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 3160 ALLERTON LAKE D	RIVE		04 / D D / Y Y Y Y 0222						
City WINSTON SALEM	State NC	Zip Code 27106-4480	Transaction ID : 47477923 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		5000.00						
Name of Employer (for Individual) Medical Center Blvd Receipt For:	Neu	upation (for Individual) rologist	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00							
SUBTOTAL of Receipts This Page (optional))		5750.00						
TOTAL This Period (last page this line numb	per only)								

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		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neuro	ology BrainP	AC	
Full Name of Individual (Last, First, Middl A. Fritz, Joseph, V., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6245 Creekhaven Drive			M M / D D / Y Y Y Y 04 03 2022
City East Amherst	State NY	Zip Code 14051-2077	Transaction ID : 47477927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Dent Neurologic Institute		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name	
B. Ekholm, Deanna, , Ms., Mailing Address 201 Chicago Avenue			Date of Receipt
City	State	Zip Code	04 03 2022 Transaction ID : 47477930
Minneapolis	MN	55415-1126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) ef Human Resources and Diversi	ty
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Middl . Riggins, Nina, Yakovlevna, Dr		rganization Name	Date of Receipt
Mailing Address 3218 Via Alicante			04 / D D / Y Y Y Y 2022
City La Jolla	State CA	Zip Code 92037-2741	Transaction ID : 47477931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) UCSF		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional			1750.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a		11b	11c	12								
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to sol	icit cor	ntrib	utions fro	om such	ו comm	ittee.							
\backslash	NAME OF COMMITTEE (In Full)	_															
$\Big $	American Academy of Neurolog	gy BrainP	AC														
Α.	Full Name of Individual (Last, First, Middle In Najib, Umer, , Dr.,	itial) or Full O	rganization Name	Date of Receipt													
Mailing Address 1904 Stone Run St							04 / 03 / Y Y Y Y 04 03 2022										
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	Morgantown	WV	26505-1524	A	mount	of	Each Re	ceipt th	is Perio	bd							
	FEC ID number of contributing federal political committee.	С					.	-	50	0.00							
	Name of Employer (for Individual) West Virginia University Hospitals		upation (for Individual) rologist		Me	emo	Item										
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General Other (specify) ▼		500.00]													
В.	Full Name of Individual (Last, First, Middle In Allison, Tyler, Jared, Dr.,	itial) or Full O	rganization Name		Date of	Re	ceipt										
	Mailing Address 9220 Larsen Dr			м м 04	/	D D D 03	/ Y	2022	Y								
	City	State	Zip Code		Trans	acti	on ID : 4	747793	4								
	Overland Park	KS	66214-2125				Each Re			bd							
	FEC ID number of contributing federal political committee.	C					.	-	100	0.00							
	Name of Employer (for Individual) Children's Mercy Hospital		upation (for Individual) Irologist		Me	emo	Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) v		1000.00														
	Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name														
C.	Kraker, Jessica, B., Dr.,				Date of	Re	ceipt										
	Mailing Address 6314 Camp Street				04 ^M	/	D D D 03	/ Y	2022	Y							
	City	State	Zip Code		Trans	acti	ion ID : 4	747793	5								
	New Orleans	LA	70118-5907	A	mount	of	Each Re	ceipt th	is Perio	bd							
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	Name of Employer (for Individual)	Occi	upation (for Individual)	-	Me	emo	Item										
	Tulane University School of Medicine		rologist														
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	Other (specify)	L	500.00	4													
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PAGE 25 OF

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\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP.	AC	;													
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Babb, Angela, , Ms.,								Date of Receipt									
	Mailing Address 5241 172nd Ave N.W	State		Zip Code		[™] 04		/	L	03			20	22	Y		
	Andover	MN		55304-1637								7793		oriod			
	FEC ID number of contributing federal political committee.	C						,	∟d' 1		ecel	ipt th	15 F	250.0	00		
	Name of Employer (for Individual) American Academy of Neurology Receipt For:	Com	nmu	ion (for Individual) nications & Membership Office	er		Men	10	lte	em							
	Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 250.00													
B.	Full Name of Individual (Last, First, Middle Initi Vidic, Thomas, R., Dr.,	al) or Full O	rgar	nization Name		Date	of F	Rec	cei	pt							
	Mailing Address 69805 Hilltop Rd	05 Hilltop Rd						/		03	/	Y	202	22 [°]	Y		
	City	State		Zip Code								7793					
	Union	MI		49130-9771		Amou	nt c	of E	Ea	ch R	ecei	ipt th	is Pe	eriod			
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	Name of Employer (for Individual) Elkhart Clinic		upat urolo	ion (for Individual) gist			Vlen	10	lte	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00													
C.	Full Name of Individual (Last, First, Middle Initi Smith, A. Gordon, , Dr.,	al) or Full O	rgar	nization Name		Date	of F	Rec	cei	pt							
	Mailing Address 1408 Park Ave					^M 04		/	L	02			20	22 [°]	Y		
	City Richmond	State VA		Zip Code 23220-3536								7798		ovia -!			
	FEC ID number of contributing federal political committee.	C				Amou	nt c	DT E	⊧a	cn R	ecei	ipt th		eriod 250.0	00		
Name of Employer (for Individual)Occupation (for Individual)VCU Health System Department of NeurolNeurologist							Men	no	lte	əm							
	Receipt For:	1		r-to-Date ▼													
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SCHEDULE A (FEC Form 3X)

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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
angle American Academy of Neu	Irology BrainP	AC	
Full Name of Individual (Last, First, Mi A. Post, Mary, , Ms.,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 14 North Oaks Road			M = M / D = D / Y = Y = Y = Y 04 02 2022
City North Oaks	State MN	Zip Code 55127-6431	Transaction ID : 47477984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00		
Name of Employer (for Individual) American Academy of Neurology	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name of Individual (Last, First, Mi B. Markowski, Michael, E., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 47 Redwood Circle	04 02 2022		
City	State	Zip Code 02649-2041	Transaction ID : 47477985
Mashpee	MA	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Neurologists of Cape Cod		upation (for Individual) Irologist	Memo Item
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
Full Name of Individual (Last, First, Mi C. Smith, Marsha, , Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5988 Capeview PI			04 / D D / Y Y Y Y 2022
City Mason	State OH	Zip Code 45040-7505	Transaction ID : 47477988
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Riverhills Neuroscience		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00]
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42

ITEMIZED RECEIPTS		Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainPAC		
Full Name of Individual (Last, First, Midd A. Khan, Muhib, , Dr.,	e Initial) or Full Organization	Name	Date of Receipt
Mailing Address 4380 Michigan St NE	State Zip Co	ada.	04 02 2022
Grand Rapids		25-3425	Transaction ID : 47477989
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Spectrum Health	Occupation (for Neurologist	Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	te ▼ 500.00	
Full Name of Individual (Last, First, Midd A. Klein, Brad, C., Dr.,	e Initial) or Full Organization	Name	Date of Receipt
Mailing Address 102 Providence Dr			04 02 2022
City Richboro	State Zip Co PA 1895	ode 4-1659	Transaction ID : 47477994 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Abington Neurological Associates	Occupation (for Neurologist	Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	te ▼ 500.00	
Full Name of Individual (Last, First, Midd C. Wolfe, Gil, I., Dr.,	e Initial) or Full Organization	Name	Date of Receipt
Mailing Address 217 Lakefront Blvd.			04 / D D / Y Y Y Y 02 2022
City Buffalo	State Zip Co NY 14202	ode 2-4314	Transaction ID : 47477996
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Univ. At Buffalo, SUNY	Occupation (for Neurologist	Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Dat	te ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	I)	•••••	1550.00

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

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Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
American Academy of Neurolo	gy BrainP.	AC									
Full Name of Individual (Last, First, Middle Ir Krishnaiah, Balaji, , Dr.,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1401 Island Town Drive			M M / D D / Y Y Y Y 04 02 2022								
City	State TN	Zip Code	Transaction ID : 47477998								
Memphis		38103-9044	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	500.00										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
University of Tennessee Health Science	Neu	rologist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		500.00	1								
Other (specify)		500.00	1								
Full Name of Individual (Last, First, Middle Ir . Hohler, Anna, D., Dr.,	nitial) or Full O	rganization Name	Data of Respire								
			Date of Receipt								
Mailing Address 58 Morton Street			04 02 2022								
City	State	Zip Code	Transaction ID: 47477999								
Needham Heights	MA	02494-1204	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) Steward SEMC		upation (for Individual) sician	Memo Item								
Receipt For:	1 1	Year-to-Date ▼	—								
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Other (specify) ▼		1000.00									
Full Name of Individual (Last, First, Middle Ir . Haq, Ihtsham, , Dr.,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 11395 Four fillies road			04 02 2022								
City	State	Zip Code	Transaction ID : 47478000								
Pinecrest	FL	33156-4241	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item								
Wake Forest Health Sciences		rologist									
Receipt For:	1	Year-to-Date ▼									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Mailing Address 1725 Lakeview Drive City State Zip Code White Haven PA 18661-2445 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Geisinger Neurologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	13 14 15 16 used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee. Date of Receipt Date of Receipt 04 07 2022 Transaction ID : 47478043 Amount of Each Receipt this Period 500.00 500.00
or for commercial purposes, other than using the name and address of any politic NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Holland, Neil, R., Dr., Mailing Address 1725 Lakeview Drive City State White Haven PA TEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual Neurologist Receipt For: Primary Other (specify) Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court City State Zip Code Inver Grove Heights MN 55076-1597 FEC ID number of contributing federal political committee. MN 55076-1597 FEC ID number of contributing federal political committee. MN State Zip Code Inver Grove Heights MN Stote	Date of Receipt 04 07 2022 Transaction ID : 47478043 Amount of Each Receipt this Period 500.00 Date of Receipt 04 500.00
American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holland, Neil, R., Dr., Mailing Address 1725 Lakeview Drive City State White Haven PA TEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual Neurologist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court MN City State Zip Code Inver Grove Heights MN 55076-1597 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual Neurologist Receipt For: Aggregate Year-to-Date ▼ Name of Employer (for Individual Neurologist Aggregate Year-to-Date ▼	M M / OT 2022 Transaction ID : 47478043 Amount of Each Receipt this Period ual) 500.00 Date of Receipt M M / D D / YYYY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holland, Neil, R., Dr., Mailing Address 1725 Lakeview Drive City State Zip Code White Haven PA 18661-2445 FEC ID number of contributing federal political committee. C Image: Committee	M M / OT 2022 Transaction ID : 47478043 Amount of Each Receipt this Period ual) 500.00 Date of Receipt M M / D D / YYYY
A. Holland, Neil, R., Dr., Mailing Address 1725 Lakeview Drive City State Zip Code White Haven PA 18661-2445 FEC ID number of contributing federal political committee. C 18661-2445 Name of Employer (for Individual) Occupation (for Individual Neurologist Occupation (for Individual Neurologist Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court State Zip Code C Inver Grove Heights MN 55076-1597 FEC ID number of contributing federal political committee. C Inveroing (or Individual) University of Minnesota Physicians Name of Employer (for Individual) University of Minnesota Physicians Occupation (for Individual) Neurologist Neurologist Receipt For: Aggregate Year-to-Date ▼	M M / OT 2022 Transaction ID : 47478043 Amount of Each Receipt this Period ual) 500.00 Date of Receipt M M / D D / YYYY
City State PA Zip Code 18661-2445 FEC ID number of contributing federal political committee. C 18661-2445 Name of Employer (for Individual) Occupation (for Individual) Neurologist Geisinger Neurologist Neurologist Receipt For: Aggregate Year-to-Date ▼ Image: Committee Other (specify) ▼ Aggregate Year-to-Date ▼ Image: Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Image: Committee Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court State Zip Code City State Zip Code 5076-1597 FEC ID number of contributing federal political committee. C Image: Committee Name of Employer (for Individual) University of Minnesota Physicians Occupation (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	04 07 2022 Transaction ID : 47478043 Amount of Each Receipt this Period ual) 500.00 Date of Receipt Memo / D.D./ Y.Y.Y.Y
White Haven PA 18661-2445 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) Occupation (for Individual) Neurologist Geisinger Neurologist Neurologist Receipt For: Aggregate Year-to-Date ▼ Image: Committee (for Individual) Other (specify) ▼ Aggregate Year-to-Date ▼ Image: Committee (for Individual) Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court State Zip Code City Inver Grove Heights State Zip Code Inver Grove Heights C State Zip Code Name of Employer (for Individual) Occupation (for Individual) Neurologist Name of Employer (for Individual) Occupation (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼ Image: Committee (for Individual) Name of Employer (for Individual) Occupation (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼ Image: Committee (for Individual) Neurologist	Amount of Each Receipt this Period 500.00 Date of Receipt
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federal political committee. Image: Second Sec	ual) Memo Item 500.00 Date of Receipt
Geisinger Neurologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court City State Inver Grove Heights FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Minnesota Physicians Receipt For: Primary General	500.00 Date of Receipt M M / D D / Y Y Y Y
Primary General Other (specify) ▼ General Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court City State Inver Grove Heights FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Minnesota Physicians Receipt For: Primary General	Date of Receipt
Primary General Other (specify) ✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court City State Inver Grove Heights FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Minnesota Physicians Receipt For: Primary General	Date of Receipt
B. Benish, Sarah, M., Dr., Mailing Address 5949 Bradbury Court City State Zip Code Inver Grove Heights MN 55076-1597 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) University of Minnesota Physicians Occupation (for Individual) Neurologist Occupation (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y
Mailing Address 5949 Bradbury Court City State Zip Code Inver Grove Heights MN 55076-1597 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General	M M / D D / Y Y Y Y
Inver Grove Heights MN 55076-1597 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) University of Minnesota Physicians Occupation (for Individual Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General	
FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University of Minnesota Physicians Occupation (for Individual) Neurologist Receipt For: Primary Primary General	Transaction ID : 47478045
federal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) University of Minnesota Physicians Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General	Amount of Each Receipt this Period
University of Minnesota Physicians Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General	250.00
Primary General Aggregate Teal-to-Date V	lual) Memo Item
Primary General	
	250.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Robinson, Maisha, T., Dr.,	Date of Receipt
Mailing Address 12821 Quailbrook Dr	04 / D D / Y Y Y Y 0222
City State Zip Code	Transaction ID: 47478049
Jacksonville FL 32224-7933	Amount of Each Receipt this Period
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Name of Employer (for Individual)Occupation (for Individual)Mayo ClinicNeurologist	ual) Memo Item
Receipt For: Aggregate Year-to-Date ▼	
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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Full Name of Individual (Last, First, Middle A. Milano, Nicholas, , Dr.,	e Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address PO Box 1141			04 06 2022								
City Folly Beach	State SC	Zip Code 29439-1141	Transaction ID : 47478053 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
Full Name of Individual (Last, First, Middle Milligan, Tracey, A., Dr., Mailing Address 19 Skyline Drive	Initial) or Full C	organization Name	Date of Receipt								
City	State	Zip Code	04 06 2022 Transaction ID : 47478054								
Hawthorne	NY	10532-2134	Amount of Each Receipt this Period								
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Name of Employer (for Individual) Brigham and Women'S Hospital		upation (for Individual) urologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]								
Full Name of Individual (Last, First, Middle C. Holtz, Steven, J., Dr.,	Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 2009 Tampa Avenue			04 / D D / Y Y Y Y 2022								
City Oakland	State CA	Zip Code 94611-2620	Transaction ID : 47478056 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Neurology Medical Group of Diablo Vall		upation (for Individual) rologist	Memo Item								
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	bity Dallas	State TX	Zip Code 75225-2509	A				4748041 eceipt th	17 his Period	1		
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	ull Name of Individual (Last, First, Middle Initia Belagaje, Samir, , Dr.,	al) or Full Or	rganization Name		Date of	Re	ceint					
_	failing Address 1710 Buckhead Ct NE				04	/	11	/ Y	2022	Y		
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_	lailing Address 1919 E Thomas Rd Division of Neurology				04 ^M	/	D D 11	/ Y	y y 2022	Y		
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NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC									
Full Name of Individual (Last, First, Middle Initia A. Riaz, Awais, , Dr., Mailing Address 1381 E. Hickory Lane City Murray FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Utah Receipt For: Primary General Other (specify) ▼	State UT Occu	Zip 84 upation (rologist	Code 4121-2502 (for Individua	I) 836.00		mount	/ actio	15 on ID : A	/ Y 4748113(eceipt thi		00
Full Name of Individual (Last, First, Middle Initia B. Tanner, Caroline, M., Dr., Mailing Address 3011 Acton St City Berkeley FEC ID number of contributing federal political committee. Name of Employer (for Individual) PADRECC, San Francisco VAMC Receipt For: Primary General Other (specify) ▼	CA CC	Zip 94 upation (sician	Code 702-2706 (for Individua	I) 340.00		mount	/ actio	16 n ID : 4 ach Re	/ Y 47494938 eccipt thi		Y 00
Full Name of Individual (Last, First, Middle Initia C. Smith, Marsha, , Dr., Mailing Address 5988 Capeview PI City Mason FEC ID number of contributing federal political committee. Name of Employer (for Individual) Riverhills Neuroscience Receipt For: Primary General Other (specify)	State OH C	Zip 45 upation (rologist	Code 040-7505	I) 900.00		mount	/ actio	16 on ID :	/ Y 4749493 eceipt thi		_
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Mailing Address 1717 Jay St				м м 04	1	D 17		Y	y y 2022	Y			
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New Orleans	LA	70122-2812	Amount of Each Receipt this Period										
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Name of Employer (for Individual) Ochsner Baptist		upation (for Individual) urologist		Me	emo	Item							
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Full Name of Individual (Last, First, Mido B. Stavros, Kara, , Dr.,		Date of	Re	ceipt									
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Name of Employer (for Individual) Rhode Island Hospital		cupation (for Individual) urologist		Memo Item									
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Mailing Address 2055 Scenic View Lane	SW			^M 04	/	D 19		Y	y 2022	Y			
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SCHEDULE A	(FEC Form 3X)
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\square	NAME OF COMMITTEE (In Full)													
	American Academy of Neurolog	gy BrainP	AC											
Α.	Full Name of Individual (Last, First, Middle Ini Anderson, Eric, , Dr.,	itial) or Full C	Prganization Name		Date of F	Receipt								
/	Mailing Address 5921 Bayview Circle South			04 20 2022										
	City	State	Zip Code	- '	Transaction ID : 47502022									
	Gulfport	FL	33707-3929					nis Period						
	FEC ID number of contributing federal political committee.	С						209.						
	Name of Employer (for Individual)		upation (for Individual)		Men	no Item								
	Intensive Neuro Receipt For:			_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	836.00												
В.	Full Name of Individual (Last, First, Middle Ini McCollum, David, N., Dr.,		Date of F	Receipt										
	Mailing Address 679 Goose Neck Dr				м м 04	/ D 2/	D / Y	2022	Y					
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С.	Schwartzbard, Julie, B., Dr., Mailing Address 19451 Ambassador Ct			-	Date of F	· .								
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	Miami	FL	33179-6429					nis Period						
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	Aventura Neurologic and Assoc. Receipt For:		rologist	_										
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Full Name of Individual (Last, First, Middle A. Khan, Jaffar, , Dr.,	e Initial) or Full O	rganization Name		Date of	f Re	eceip	pt							
Mailing Address 1185 Pine Ridge Rd NE				м м 04	/	D	23	/ Y	y y 2022	Y				
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Bellaire	ТХ	77401-5707	A											
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Name of Employer (for Individual) Baylor College of Medicine							Memo Item							
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Mailing Address 2009 Tampa Avenue				^M 04	1		24	/ Y	y y 2022	Y				
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Oakland	CA	94611-2620	A	Amount	t of	Ead	ch Re	ceipt th	is Period					
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Name of Employer (for Individual) Neurology Medical Group of Diablo Vall		upation (for Individual) rologist	Memo Item											
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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American Academy of Neurol	ogy BrainP	AC												
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Mailing Address 828 Homestead Dr				м м 04	/		24	/ Y	y y 2022	Ŷ				
City	State	Zip Code		Trans	acti	ion	ID : 4	4751172	29					
Dallas	PA	18612-7227	A	mount	t of	Ead	ch Re	eceipt th	nis Period					
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Name of Employer (for Individual) Geisinger Health		M	emo) Ite	۶m									
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New York	10022-2887	A	mount	t of	Ead	ch Re	eceipt th	nis Period						
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Mailing Address 34 Stonybrook Road				^M 04	/	ľ	25	/ Y	2022	Ŷ				
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Tenafly	NJ	07670-1118	A	mount	t of	Ead	ch Re	eceipt th	nis Period					
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Institute of Neurological Care														
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	Mailing Address 2295 New Town Dr NE		м м 04	/	D	25	/ Y	y y 2022	Y							
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Grand Rapids MI 49525-3917						t of	Eac	h Re	ceipt th	is Period						
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	Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N		upation (for Individual) urologist		Memo Item											
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		itial) or Full C	organization Name		Date of	Re	eceip	ot								
	Mailing Address 119 Lansing Island				^M 04	/	D	26	/ Y	2022	Y					
	City	State	Zip Code		Trans	acti	ion	ID : 4	751318	8						
-	Indian Harbour Beach	FL	32937-5354	A	Amount	t of	Eac	h Re	ceipt th	is Period						
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	Christopher J Prusinski,DO,PA	rologist														
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Mailing Address 1200 Binz St Ste 1270 City Houston TX FEC ID number of contributing federal political committee. Name of Employer (for Individual) Willam S Gilmer MD PA Receipt For: Primary Gity State Zip Code Mailing Address 2305 W Waveland Ave Apt 1W City City City City City State Zip Code Line of Individual (Last, First, Middle Initial) or Full Organization Name B. Song, Sarah, , Dr., Mailing Address 2305 W Waveland Ave Apt 1W City City City City City State Zip Code IL 60618-4803 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Neurologist Receipt For: Primary Genera	(check only one)						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Such Commercial purpose, other Such Commercial purpose, Commercing and Committee. Date of Rec							
American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gilmer, William, S., Dr., Mailing Address 1200 Binz St Ste 1270 City Houston Transaction ID : 4751356 Ament of Employer (for Individual) William S Gilmer MD PA Name of Employer (for Individual) William S Gilmer MD PA Receipt For: Primary Gtiy City City Mailing Address 2305 W Waveland Ave Apt 1W City Chacago Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation (for Individual) Rue of Enclonumber of contributing tederal political committee. Primary General Other (speci	oliciting contributions						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Gilmer, William, S., Dr., Mailing Address 1200 Binz St Date of Receipt Gilmer, William, S., Dr., Transaction ID : 4751355 Amount of Each Receipt for Tx 77004-6937 FEC ID number of contributing tederal political committee. C Amount of Each Receipt for Transaction ID : 4751355 Name of Employer (for Individual) Occupation (for Individual) Memo Item Willam S Gilmer MD PA Neurologist Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Song, Sarah, , Dr., Mailing Address 2305 W Waveland Ave Aggregate Year-to-Date ▼ Apt 1W C Transaction ID : 4751353 Chicago IL 60618-4803 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) (Neurologist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Name of Employer (for Individual) (Neurologist Memo Item Date of Receipt for Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt for							
A. Gilmer, William, S., Dr., Date of Receipt Mailing Address 1200 Binz St State Zip Code City State TX 77004-6937 FEC ID number of contributing tederal political committee. C Transaction ID : 4751356 Name of Employer (for Individual) Occupation (for Individual) Memo Item Willam S Gilmer MD PA Aggregate Year-to-Date ▼ Image: Control Co							
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Houston TX 77004-6937 Amount of Each Receipt the feering of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Willam S Gimer MD PA Aggregate Year-to-Date ▼ Memo Item Receipt For:							
federal political committee. Image: Committee com	Transaction ID : 47513562 Amount of Each Receipt this Period						
William S Gimer MD PA Neurologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 336.00 B. Song, Sarah, , Dr., Mailing Address 2305 W Waveland Ave Apt 1W State City C Primary General Other (specify) ▼ State Zip Code IL Mailing Address 2305 W Waveland Ave Apt 1W City State Zip Code IL 60618-4803 FEC ID number of contributing Occupation (for Individual) Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Ctly State Zip Code VA 23059-5924 FEC ID number of contributing federal political committee. C City State Zip Code Glen Allen VA 23059-5924 FEC ID number of c	84.00						
Primary General Other (specify) General B. Song, Sarah, , Dr., Mailing Address 2305 W Waveland Ave Date of Receipt Apt 1W City City State City State General Contrast Primary General Other (specify) State Zip Code General City City General Contributing federal political committee. Occupation (for Individual) Nume of Employer (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ City State Zip Code Gien Allen VA Z3059-5924 FEC ID number of contributing C federal political committee. C City State <							
B. Song, Sarah, , Dr., Date of Receipt Mailing Address 2305 W Waveland Ave Apt 1W City State Zip Code Chicago IL 60618-4803 FEC ID number of contributing federal political committee. C Amount of Each Receipt the committee. Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Memo Item Cher (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt City General Other (specify) ▼ Date of Receipt Date of Receipt City General Other (specify) ▼ Date of Receipt Date of Receipt City State Zip Code Transaction ID : 4751639 Date of Receipt City State Zip Code Transaction ID : 4751639 Amount of Each Receipt the code Glen Allen VA 23059-5924 Amount of Each Receipt the code Transaction ID : 4751639 FEC ID number of contributing federal political committee. C C C C C FEC ID number of contributing federal							
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FEC ID number of contributing federal political committee. C Annount of Lach Trecept of C Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist Memo Item Receipt For: Aggregate Year-to-Date ▼ 440.00 Memo Item Primary General Other (specify) ▼ Adgregate Year-to-Date ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item C. Johnson, Nicholas, Elwood, Dr., Date of Receipt Memo Item City State Zip Code Transaction ID : 4751639 Glen Allen VA 23059-5924 Amount of Each Receipt the federal political committee.							
Rush University Medical Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 440,00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Johnson, Nicholas, Elwood, Dr., Date of Receipt Mailing Address 11535 GREY OAKS ESTATES RUN Mod / 28 / Y City State Zip Code Glen Allen VA 23059-5924 FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period						
Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Johnson, Nicholas, Elwood, Dr., Date of Receipt Mailing Address 11535 GREY OAKS ESTATES RUN 04 City State Zip Code Glen Allen VA 23059-5924 FEC ID number of contributing federal political committee. C							
C. Johnson, Nicholas, Elwood, Dr., Date of Receipt Mailing Address 11535 GREY OAKS ESTATES RUN 04 28 City State Zip Code Glen Allen VA 23059-5924 FEC ID number of contributing federal political committee. C							
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federal political committee.							
Name of Employer (for Individual) Occupation (for Individual) Memo Item	125.00						
Virginia Commonwealth University Neurologist							
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00							
SUBTOTAL of Receipts This Page (optional)	319.00						

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

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Academy of Neuro	logy BrainP	AC						
Full Name of Individual (Last, First, Middle Loftus, Brian, D., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6700 West Loop S Ste 33	04 28 2022							
City Bellaire	State TX	Zip Code 77401-4138	Transaction ID : 47516403 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Bellaire Neurology, PA		upation (for Individual) Irologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
Full Name of Individual (Last, First, Middle	e Initial) or Full C	proanization Name						
. Urion, David, K., Dr.,			Date of Receipt					
Mailing Address 3 Pierce Hill Road	04 / D D / Y Y Y Y Y 28 2022							
City Lincoln	State MA	Zip Code 01773-3201	Transaction ID : 47516404					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Children's Hospital Boston		upation (for Individual) urologist	Memo Item					
Receipt For:		Year-to-Date ▼	—					
Primary General Other (specify) ▼		, 400.00]					
Full Name of Individual (Last, First, Middle Barkley, Gregory, L., Dr.,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2890 Burlington St	04 29 2022							
City Ann Arbor	State MI	Zip Code 48105-1435	Transaction ID : 47526689 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer (for Individual) Henry Ford Hospital		upation (for Individual) rologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]					
SUBTOTAL of Receipts This Page (optiona)		▶ 1350.00					
TOTAL This Period (last page this line num	ber only)							

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17			
Any information copied from such Reports an or for commercial purposes, other than using				for the p		ose of	solicitir	ig contribu	tions			
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC										
A. McKinnon, Jonathan, Hart, Dr., Mailing Address 351 N Buffalo Drive	Mailing Address 351 N Buffalo Drive						Date of Receipt					
Suite B City	Suite B State Zip Code							04 29 2022 Transaction ID : 47526691				
Las Vegas	NV	89145-0301		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			200.00								
Name of Employer (for Individual) Las Vegas Clinic	Occ		Me	emo	ltem							
Receipt For: Primary General Other (specify) ▼	Aggregate											
Full Name of Individual (Last, First, Middle B. Ackerman, Daniel, Joseph, Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ackerman, Daniel, Joseph, Dr.,											
Mailing Address 4653 Commonwealth Dr.							Date of Receipt					
City	State PA	Zip Code 18049-1272	Transaction ID : 47597998									
Emmaus FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 63.00									
Name of Employer (for Individual) Saint Luke's University Hospital	Occ Neu		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]									
Full Name of Individual (Last, First, Middle		Date of	Re	ceipt								
Mailing Address												
City	State	Zip Code		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)							Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]									
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 41 OF 42			
ITEMIZED DISBURSEMENTS		for each Detailed	Use separate schedule(s) for each category of the Detailed Summary Page		v one) 22 X 23 26 27 28b 28c 29 30b			
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or us ress of any polition	ed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		-					
	American Academy of Neurology	BrainPA	С					
A.	Full Name (Last, First, Middle Initial) McKinley For Congress				Date of Disbursement			
	Mailing Address PO Box 642	State Zip Code WV 26507			04 27 2022			
	City Morgantown				FEC Identification Number			
	Purpose of Disbursement political contribution			011	C C00473132			
	Candidate Name McKinley, David, , Rep.,			Category/ Type	Transaction ID : 47515584 Amount of Each Disbursement this Period			
	Office Sought: X House Disburse	ement For:	- <u> </u>	туре	2500.00			
	State Yresident	Primary Other (spe	cify) ▼		political contribution Memo Item			
	State: WV District: 01 Full Name (Last, First, Middle Initial)		L					
Β.	DBM PAC	Date of Disbursement						
	Mailing Address 1707 Prince Street #6	04 27 2022						
	City Alexandria	State VA	Zip Code 22314		FEC Identification Number			
	Purpose of Disbursement political contribution	011	С					
	Candidate Name			Category/ Type	Transaction ID : 47515692 Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ement For:		1990	2500.00			
	President	Primary Other (spe	cify)		political contribution Memo Item			
	State: District: Full Name (Last, First, Middle Initial)							
C.	Scalise Leadership Fund	Date of Disbursement						
	Mailing Address 317 15th Street, NE	04 27 2022						
	City Washington	State DC	Zip Code 20002		FEC Identification Number			
	Purpose of Disbursement political contribution	011	C C00568162					
	Candidate Name	Transaction ID : 47515693 Amount of Each Disbursement this Period						
	Office Sought: House Disburse	1000.00						
	Senate President	Primary Other (spe	General cify) ▼		political contribution			
_	State: District:							
s	UBTOTAL of Disbursements This Page (optional).			••••••	6000.00			
Т	OTAL This Period (last page this line number only	/)		••••••	, ,			

SCHEDULE B (FEC Form 3X)	Use se	Use separate schedule(s)		NUMBER: PAGE 42 OF 42				
ITEMIZED DISBURSEMENTS	for eac	h category of the d Summary Page) (check only 21b 28a	22 X 23 26 27 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full)	. D							
American Academy of Neurology	y BrainPA	AC						
Full Name (Last, First, Middle Initial) A. Blumenauer For Congress	Date of Disbursement							
Mailing Address 901 Se Oak Street Suite 105								
City	State	Zip Code		FEC Identification Number				
Portland Purpose of Disbursement	OR	97214		0				
political contribution			011	C C00307314				
Candidate Name				Transaction ID : 47515694				
Blumenauer, Earl, , Rep.,			Category/ Type	Amount of Each Disbursement this Period				
· · · · · · · · · · · · · · · · · · ·	rsement For:	2022	71	5000.00				
Senate	Primary	x General		political contribution Memo Item				
President	Other (sp	ecify)						
State: OR District: 03								
Full Name (Last, First, Middle Initial) B. Bera For Congress				Date of Disbursement				
Mailing Address PO Box 582496	04 27 2022							
City Elk Grove	State CA		FEC Identification Number					
Purpose of Disbursement		95758		C C00461061				
political contribution	011	Transaction ID : 47515696						
Candidate Name			Category/	Amount of Each Disbursement this Period				
Bera, Ami, , Rep., MD	. –		Туре	2000.00				
° R	Rement For:			3000.00				
President	PrimaryOther (sp	General		political contribution				
State: CA District: 07				Memo Item				
Full Name (Last, First, Middle Initial)								
C. Bera For Congress				Date of Disbursement				
Mailing Address PO Box 582496	04 / 27 / 2022							
City Elk Grove	State CA	Zip Code 95758		FEC Identification Number				
Purpose of Disbursement		C C00461061						
political contribution	011	Transaction ID : 47515698						
Candidate Name Bera, Ami, , Rep., MD	Amount of Each Disbursement this Period							
Office Sought: X House Disbu	Туре	2000.00						
Senate	Primary	x General		political contribution				
President	Other (sp			Memo Item				
State: CA District: 07								
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