

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 201 Chicago Avenue Check if different than previously reported. (ACC) Minneapolis MN 55415

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) [] May 20 (M5) [X] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE) [] (c) 12-Day PRE-Election Report for the: Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) [] Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) [] Runoff (30R) [] Special (30S) [] Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2023 through 04 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Myren, Kevin C., Mr., Type or Print Name of Treasurer

Signature of Treasurer Myren, Kevin C., Mr., [Electronically Filed] Date 05 / 19 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="387231.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="359836.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="55553.41"/>	<input type="text" value="165658.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="415389.97"/>	<input type="text" value="552889.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="137500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="415389.97"/>	<input type="text" value="415389.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49019.66	132489.64
(ii) Unitemized	6533.75	33168.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55553.41	165658.11
(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)	55553.41	165658.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	55553.41	165658.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55553.41	165658.11

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	137500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	137500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	137500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	55553.41	165658.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55553.41	165658.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Reynolds, Wesley, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3735 Yates St

City Denver	State CO	Zip Code 80212-2040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Centura Health	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2023

Transaction ID : 48553089

Amount of Each Receipt this Period
250.00

Memo Item

B. Weathers, Allison, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8220 Woodberry Blvd

City Chagrin Falls	State OH	Zip Code 44023-4526
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2023

Transaction ID : 48553090

Amount of Each Receipt this Period
209.00

Memo Item

C. Greeley, David, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 E 27th Avenue

City Spokane	State WA	Zip Code 99203-3348
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Northwest Neurological, PLLC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2023

Transaction ID : 48553091

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	543.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kinsella, Laurence, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 Rosemont Ave

City St. Louis	State MO	Zip Code 63104-2412
-------------------	-------------	------------------------

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

Name of Employer (for Individual) St Clare Neuroscience Institute	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2023

Transaction ID : 48553107

Amount of Each Receipt this Period
84.00

Memo Item

B. Stevens, James, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12112 Aboite Center Rd

City Fort Wayne	State IN	Zip Code 46814-9528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Allied Physicians, Inc.	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2023

Transaction ID : 48554457

Amount of Each Receipt this Period
209.00

Memo Item

C. Kilgore, Shannon, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Doud Dr

City Los Altos	State CA	Zip Code 94022-2323
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VA Palo Alto HCS	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2023

Transaction ID : 48554458

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	377.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Antonio, Aileen, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 New Town Dr NE

City Grand Rapids	State MI	Zip Code 49525-3917
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2023

Transaction ID : 48559029

Amount of Each Receipt this Period
200.00

Memo Item

B. McCollum, David, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 737 Bent Creek Dr

City Lititz	State PA	Zip Code 17543-8352
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Penn Medicine LGH	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
627.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2023

Transaction ID : 48559030

Amount of Each Receipt this Period
209.00

Memo Item

C. Mittal, Shilpi, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 375 Rose Glen Drive

City Wayne	State PA	Zip Code 19087-4410
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Thomas Jefferson University	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
334.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2023

Transaction ID : 48559053

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McKinnon, Jonathan, Hart, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 N Buffalo Drive
 Suite B
 City Las Vegas State NV Zip Code 89145-0301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 03 / 2023**
Transaction ID : 48563762
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Davis, Anthony, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Pine Forest Drive
 City Russellville State AR Zip Code 72801-4514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Davis Neurology PLLC Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 13 / 2023**
Transaction ID : 48566631
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bickel, Jennifer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5003 W Evelyn Drive
 City Tampa State FL Zip Code 33609-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moffitt Cancer Center Magnolia Campus Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 13 / 2023**
Transaction ID : 48566633
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Riaz, Awais, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1381 E. Hickory Lane

City Murray	State UT	Zip Code 84121-2502
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Utah	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2023

Transaction ID : 48582028

Amount of Each Receipt this Period
209.00

Memo Item

B. Milstein, Mark, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 West 110th Street Apt 6C

City New York	State NY	Zip Code 10025-2025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montefiore Medical Center	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2023

Transaction ID : 48582029

Amount of Each Receipt this Period
85.00

Memo Item

C. Smith, Marsha, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5988 Capeview Pl

City Mason	State OH	Zip Code 45040-7505
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Riverhills Neuroscience	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2023

Transaction ID : 48582041

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	494.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tanner, Caroline, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3011 Acton St

City Berkeley	State CA	Zip Code 94702-2706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PADRECC, San Francisco VAMC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2023

Transaction ID : 48582042

Amount of Each Receipt this Period
85.00

Memo Item

B. Posas, Jose, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Jay St

City New Orleans	State LA	Zip Code 70122-2812
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ochsner Baptist	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 17 / 2023

Transaction ID : 48582054

Amount of Each Receipt this Period
125.00

Memo Item

C. Stavros, Kara, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Pitman Street
Apt 105

City Providence	State RI	Zip Code 02906-5120
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rhode Island Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
268.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 18 / 2023

Transaction ID : 48583643

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Anderson, Eric, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intensive Neuro	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2023

Transaction ID : 48585126

Amount of Each Receipt this Period
209.00

Memo Item

B. Schwartzbard, Julie, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1007 South NorthLake Dr

City Hollywood	State FL	Zip Code 33019-1314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aventura Neurologic and Assoc.	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2023

Transaction ID : 48587917

Amount of Each Receipt this Period
84.00

Memo Item

C. Al-Khalili, Yasir, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 Glenwood Cir

City South Hill	State VA	Zip Code 23970-7000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Commonwealth University	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2023

Transaction ID : 48587918

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	377.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Khan, Jaffar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1185 Pine Ridge Rd NE

City Atlanta	State GA	Zip Code 30324-2526
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Emory Healthcare	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2023

Transaction ID : 48589016

Amount of Each Receipt this Period
84.00

Memo Item

B. Holtz, Steven, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

City Oakland	State CA	Zip Code 94611-2620
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2023

Transaction ID : 48589032

Amount of Each Receipt this Period
100.00

Memo Item

C. Hutchins, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Chicago Ave

City Minneapolis	State MN	Zip Code 55415-1126
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) General Counsel
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2023

Transaction ID : 48589033

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	284.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Busis, Neil, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1065 2nd Ave, 7J

City New York	State NY	Zip Code 10022-2887
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Langone Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48593979

Amount of Each Receipt this Period
416.66

Memo Item

B. Mueller, Nancy, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Stonybrook Road

City Tenafly	State NJ	Zip Code 07670-1118
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Institute of Neurological Care	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48593981

Amount of Each Receipt this Period
209.00

Memo Item

C. Sico, Jason, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 Redcoat Lane

City Guilford	State CT	Zip Code 06437-1905
------------------	-------------	------------------------

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

Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin	Occupation (for Individual) Clinical Reasearch Fellow
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48593984

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Riggins, Nina, Yakovlevna, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3218 Via Alicante
 City La Jolla State CA Zip Code 92037-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSF Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt **04 / 25 / 2023**
Transaction ID : 48595565
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Gordon-Perue, Gillian, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17055 SW 82nd CT
 City Palmetto Bay State FL Zip Code 33157-4897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMMC - Neurodiagnostic Department Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 25 / 2023**
Transaction ID : 48595571
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Good, David, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4105 Misty Valley Drive
 City Middleton State WI Zip Code 53562-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 25 / 2023**
Transaction ID : 48595572
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Armon, Carmel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 North Center Street

City Redlands	State CA	Zip Code 92373-8115
------------------	-------------	------------------------

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

Name of Employer (for Individual) Loma Linda University Department of Ne	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595575

Amount of Each Receipt this Period
500.00

Memo Item

B. Southerland, Andrew, Mebane, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2627 Holkham Dr

City Charlottesville	State VA	Zip Code 22901-9527
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Virginia, Dept of Neurol	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595576

Amount of Each Receipt this Period
500.00

Memo Item

C. Schenk, Christian, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address C15 Calle 3
Urb. Mans De Guaynabo

City Guaynabo	State PR	Zip Code 00969-5245
------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Puerto Rico	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595577

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ostrem, Jill, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Orchard Way

City Kentfield	State CA	Zip Code 94904-2622
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UCSF	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595580

Amount of Each Receipt this Period
500.00

Memo Item

B. Robinson, Maisha, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12821 Quailbrook Dr

City Jacksonville	State FL	Zip Code 32224-7933
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595584

Amount of Each Receipt this Period
1000.00

Memo Item

C. Hutchins, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Chicago Ave

City Minneapolis	State MN	Zip Code 55415-1126
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) General Counsel
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595585

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sarwal, Aarti, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3160 ALLERTON LAKE DRIVE

City WINSTON SALEM	State NC	Zip Code 27106-4480
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Center Blvd	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2023

Transaction ID : 48595586

Amount of Each Receipt this Period
5000.00

Memo Item

B. Nelson, Aaron, Lane, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 440 E 23rd St
8C

City New York	State NY	Zip Code 10010-5002
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Langone Health	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2023

Transaction ID : 48595587

Amount of Each Receipt this Period
500.00

Memo Item

C. Veerappan, Venka, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Nebbiolo Lane

City Simpsonville	State SC	Zip Code 29681-4796
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Prisma Health University Medical Group	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2023

Transaction ID : 48595588

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wechsler, Lawrence, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5323 Northumberland Street
 City Pittsburgh State PA Zip Code 15217-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Sch of Med Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2023
Transaction ID : 48595619
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hall, Deborah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 S Clifton
 City Park Ridge State IL Zip Code 60068-4663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2023
Transaction ID : 48595623
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Cutsforth-Gregory, Jeremy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 331 Wimbledon Hills Dr SW
 City Rochester State MN Zip Code 55902-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 544.00

Date of Receipt 04 / 24 / 2023
Transaction ID : 48595625
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rost, Natalia, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Harrington Rd

City Winchester	State MA	Zip Code 01890-2600
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts General Hospital	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : 48595626

Amount of Each Receipt this Period
2500.00

Memo Item

B. Goodman, J. Clay, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5925 Alameda Rd Unit 12809

City Houston	State TX	Zip Code 77004-7782
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : 48595627

Amount of Each Receipt this Period
1000.00

Memo Item

C. Martello, Justin, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9818 Kraft Hill Rd

City Perry Hall	State MD	Zip Code 21128-9305
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Christiana Care Neurology Specialists	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : 48595628

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Pauzaskie, Sean, Thomas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 Remington Street
 City Fort Collins State CO Zip Code 80524-4141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2023
Transaction ID : 48595629
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Sirven, Joseph, I., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Oceanwalk Drive West
 City Atlantic Beach State FL Zip Code 32233-4697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2023
Transaction ID : 48595631
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Loftspring, Matthew, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1545 S Garfield St
 City Denver State CO Zip Code 80210-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centura Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2023
Transaction ID : 48595632
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Reynolds, Wesley, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3735 Yates St

City Denver	State CO	Zip Code 80212-2040
----------------	-------------	------------------------

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

Name of Employer (for Individual) Centura Health	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2023

Transaction ID : 48595658

Amount of Each Receipt this Period
500.00

Memo Item

B. Masdeu, Joseph, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5505 Chaucer Drive

City Houston	State TX	Zip Code 77005-2631
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Houston Methodist Neurological Institu	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2023

Transaction ID : 48595660

Amount of Each Receipt this Period
300.00

Memo Item

C. Imholte, Andrew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Chicago Ave South

City Minneapolis	State MN	Zip Code 55415-1126
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Director, Creative Services
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2023

Transaction ID : 48595661

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nguyen, Frederic, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5009 Albatross Drive

City Plano	State TX	Zip Code 75074-0199
---------------	-------------	------------------------

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

Name of Employer (for Individual) Texas Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2023

Transaction ID : 48595662

Amount of Each Receipt this Period
500.00

Memo Item

B. Nahas, Stephanie, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 327 E Allens Ln

City Philadelphia	State PA	Zip Code 19119-1102
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Thomas Jefferson University	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2023

Transaction ID : 48595663

Amount of Each Receipt this Period
500.00

Memo Item

C. Benish, Sarah, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5949 Bradbury Court

City Inver Grove Heights	State MN	Zip Code 55076-1597
-----------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Minnesota Physicians	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2023

Transaction ID : 48595664

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Krishnaiah, Balaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Island Town Drive
 City Memphis State TN Zip Code 38103-9044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Health Science Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2023
Transaction ID : 48595665
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Wilson, Andrew, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1647 Veteran Ave. PH A
 City Los Angeles State CA Zip Code 90024-5577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Los Angeles VA Health System Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2023
Transaction ID : 48595668
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Smith, Marsha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5988 Capeview PI
 City Mason State OH Zip Code 45040-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverhills Neuroscience Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 04 / 23 / 2023
Transaction ID : 48595670
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Trimble, Brian, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19430 Upper Skyline Dr.

City Eagle River	State AK	Zip Code 99577-7922
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Alaska Native Tribal Health Consortium	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2023

Transaction ID : 48595673

Amount of Each Receipt this Period
1000.00

Memo Item

B. London, Zachary, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2720 White Oak Dr.

City Ann Arbor	State MI	Zip Code 48103-2371
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2023

Transaction ID : 48595705

Amount of Each Receipt this Period
300.00

Memo Item

C. Vidic, Thomas, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69805 Hilltop Rd

City Union	State MI	Zip Code 49130-9771
---------------	-------------	------------------------

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

Name of Employer (for Individual) Elkhart Clinic	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2023

Transaction ID : 48595706

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kraker, Jessica, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6314 Camp Street

City New Orleans	State LA	Zip Code 70118-5907
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Tulane University School of Medicine	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2023

Transaction ID : 48595709

Amount of Each Receipt this Period
500.00

Memo Item

B. Riggins, Nina, Yakovlevna, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3218 Via Alicante

City La Jolla	State CA	Zip Code 92037-2741
------------------	-------------	------------------------

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

Name of Employer (for Individual) UCSF	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2023

Transaction ID : 48595710

Amount of Each Receipt this Period
500.00

Memo Item

C. Goldstein, Larry, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3201 Brighton Place Dr.

City Lexington	State KY	Zip Code 40509-2314
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Kentucky	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2023

Transaction ID : 48595711

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Williams, Korwyn, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1919 E Thomas Rd
Division of Neurology

City Phoenix State AZ Zip Code 85016-7710

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

Name of Employer (for Individual) Phoenix Children'S Hospital Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2023
Transaction ID : 48595713

Amount of Each Receipt this Period 1000.00

Memo Item

B. Datta, Neil, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1144 LaGrange Parkway

City Newark State DE Zip Code 19702-3835

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

Name of Employer (for Individual) Cambridge Health Alliance Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 22 / 2023
Transaction ID : 48595718

Amount of Each Receipt this Period 500.00

Memo Item

C. Sico, Jason, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 Redcoat Lane

City Guilford State CT Zip Code 06437-1905

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

Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin Occupation (for Individual) Clinical Reasearch Fellow

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 855.00

Date of Receipt 04 / 22 / 2023
Transaction ID : 48595719

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rasmussen-Winkler, Jennifer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5745 Connie Lane

City Rockwall	State TX	Zip Code 75032-8138
------------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor Scott & White	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 48595721

Amount of Each Receipt this Period
600.00

Memo Item

B. Shah, Nilay, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 247 W 87th St. Apt. 15B

City New York	State NY	Zip Code 10024-2847
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bon Leven Healthcare	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 48595722

Amount of Each Receipt this Period
5000.00

Memo Item

C. Stavros, Kara, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Pitman Street
Apt 105

City Providence	State RI	Zip Code 02906-5120
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Rhode Island Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
368.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 48595724

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ahuja, Sukhjeet, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11888 Little Seneca Pkwy

City Clarksburg	State MD	Zip Code 20871-9394
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Chief Health Policy and Quality Office
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 48595725

Amount of Each Receipt this Period
250.00

Memo Item

B. Babb, Angela, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5241 172nd Ave N.W

City Andover	State MN	Zip Code 55304-1637
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Communications & Membership Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 48595726

Amount of Each Receipt this Period
250.00

Memo Item

C. Gliksmann, Felicia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 Susan Dr

City New City	State NY	Zip Code 10956-3925
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hackensack University Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : 48595758

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Budson, Andrew, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Linder Terrace

City Newton	State MA	Zip Code 02458-2219
----------------	-------------	------------------------

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

Name of Employer (for Individual) VA Boston Healthcare System	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2023

Transaction ID : 48595778

Amount of Each Receipt this Period
500.00

Memo Item

B. Tsao, Jack, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 E 96th Street Apt 1B

City New York	State NY	Zip Code 10128-0793
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Langone Health	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2023

Transaction ID : 48595779

Amount of Each Receipt this Period
500.00

Memo Item

C. Posas, Jose, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Jay St

City New Orleans	State LA	Zip Code 70122-2812
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Ochsner Baptist	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2023

Transaction ID : 48595780

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1084.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Cutsforth-Gregory, Jeremy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 331 Wimbledon Hills Dr SW
 City Rochester State MN Zip Code 55902-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt **04 / 23 / 2023**
Transaction ID : 48595781
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Allison, Tyler, Jared, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9220 Larsen Dr
 City Overland Park State KS Zip Code 66214-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Mercy Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 22 / 2023**
Transaction ID : 48595788
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Scharre, Douglas, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 W SPRING ST APT 1014
 City Columbus State OH Zip Code 43215-2586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 20 / 2023**
Transaction ID : 48595796
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	834.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Marcus, Joseph, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 Market St.
Unit 1403

City Philadelphia	State PA	Zip Code 19103-1359
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2023

Transaction ID : 48595797

Amount of Each Receipt this Period
400.00

Memo Item

B. Marcus, Joseph, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 Market St.
Unit 1403

City Philadelphia	State PA	Zip Code 19103-1359
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2023

Transaction ID : 48595799

Amount of Each Receipt this Period
400.00

Memo Item

C. Koenig, Matthew, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Koko Head Ave

City Honolulu	State HI	Zip Code 96816-3234
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Queen's Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2023

Transaction ID : 48595801

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Holtz, Steven, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

City Oakland	State CA	Zip Code 94611-2620
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2023

Transaction ID : 48595803

Amount of Each Receipt this Period
100.00

Memo Item

B. Tilton, Ann, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Pelham Dr

City Metairie	State LA	Zip Code 70005-4454
------------------	-------------	------------------------

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

Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2023

Transaction ID : 48595804

Amount of Each Receipt this Period
84.00

Memo Item

C. Stern, Barney, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3701 Breton Way

City Baltimore	State MD	Zip Code 21208-1708
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins Outpatient Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2023

Transaction ID : 48596188

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gilmer, William, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 Dunstan

City Houston	State TX	Zip Code 77005-2613
-----------------	-------------	------------------------

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

Name of Employer (for Individual) William S Gilmer MD PA	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2023

Transaction ID : 48598610

Amount of Each Receipt this Period
84.00

Memo Item

B. Johnson, Nicholas, Elwood, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11535 GREY OAKS ESTATES RUN

City Glen Allen	State VA	Zip Code 23059-5924
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Commonwealth University	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2023

Transaction ID : 48600001

Amount of Each Receipt this Period
125.00

Memo Item

C. Finney, Glen, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 Homestead Dr

City Dallas	State PA	Zip Code 18612-7227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Geisinger Health	Occupation (for Individual) Behavioral Neurology
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2023

Transaction ID : 48600006

Amount of Each Receipt this Period
417.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	626.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kissela, Brett, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9878 Zig Zag Drive
 City Montgomery State OH Zip Code 45242-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 48600008
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Holland, Neil, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Oakwood Drive
 City Danville State PA Zip Code 17821-6985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 48601667
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brandes, David, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Fordham Way
 City Knoxville State TN Zip Code 37934-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hope Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 48601668
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1209.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Deeb, Wissam, Georges, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Tower Hill Rd

City Boylston	State MA	Zip Code 01505-1001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UMASS Memorial Health	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2023

Transaction ID : 48601682

Amount of Each Receipt this Period
500.00

Memo Item

B. Shouse, Denise, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11437 Avery Drive

City Inver Grove Heights	State MN	Zip Code 55077-5483
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Senior Director, Marketing & Communic
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2023

Transaction ID : 48601684

Amount of Each Receipt this Period
250.00

Memo Item

C. Evans, David, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6722 Deloache Ave

City Dallas	State TX	Zip Code 75225-2509
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Neurology	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2023

Transaction ID : 48601685

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Molano, Jennifer, Rose, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3876 Belmont Avenue

City Cincinnati	State OH	Zip Code 45227-3017
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Cincinnati Academic Heal	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		26		2023

Transaction ID : 48601686

Amount of Each Receipt this Period
750.00

Memo Item

B. Hohler, Anna, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 Morton Street

City Needham Heights	State MA	Zip Code 02494-1204
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Steward SEMC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		26		2023

Transaction ID : 48601688

Amount of Each Receipt this Period
500.00

Memo Item

C. Kincaid, John, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4220 Knollton

City Indianapolis	State IN	Zip Code 46228-3335
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana University	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		26		2023

Transaction ID : 48601699

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kaufman, Joel, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Fenimore Rd
 City Worcester State MA Zip Code 01609-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 48601701
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Friedenberg, Scott, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Heather Hills Drive
 City Danville State PA Zip Code 17821-8671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 48601704
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Antonio, Aileen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 New Town Dr NE
 City Grand Rapids State MI Zip Code 49525-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 48601706
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Khemani, Pravin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2607 Western Ave
1202

City Seattle State WA Zip Code 98121-1386

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

Name of Employer (for Individual) Swedish Neuroscience Institute Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 48601708

Amount of Each Receipt this Period 500.00

Memo Item

B. Fee, Dominic, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Griffith Court

City Waukesha State WI Zip Code 53188-9570

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

Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 06 / 2023
Transaction ID : 48618289

Amount of Each Receipt this Period 1000.00

Memo Item

C. McKinnon, Jonathan, Hart, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 N Buffalo Drive
Suite B

City Las Vegas State NV Zip Code 89145-0301

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

Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 48632008

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	49019.66