

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) 401 C St NE Washington DC 20002 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09/01/2016 through 09/30/2016

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

Signature of Treasurer Engel, Timothy J., Mr. [Electronically Filed] Date 10/17/2016

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="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="116958.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13995.65"/>	<input type="text" value="255864.35"/>
(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="130954.49"/>	<input type="text" value="403124.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="52500.00"/>	<input type="text" value="324670.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78454.49"/>	<input type="text" value="78454.49"/>
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).....	10617.65	194526.40
(ii) Unitemized	3378.00	60837.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13995.65	255364.35
(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)	13995.65	255364.35
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	500.00
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)).....▶	13995.65	255864.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13995.65	255864.35

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.....	52500.00	322500.00
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	2170.00
(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	2170.00
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)) ..	52500.00	324670.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52500.00	324670.00

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)	13995.65	255364.35
34. Total Contribution Refunds (from Line 28(d))	0.00	2170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13995.65	253194.35
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: (check only one)	PAGE 6 OF 36
	<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"/>	<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. Jones, Elaine, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Park Row West
Apt 621

City Providence State RI Zip Code 02903-1149

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

Name of Employer (for Individual) Self Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3772.72**

Date of Receipt **09 / 01 / 2016**

Transaction ID : 39901307

Amount of Each Receipt this Period **409.09**

Memo Item

B. Kissela, Brett, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Road

City Cincinnati State OH Zip Code 45242-6311

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

Name of Employer (for Individual) Univ of Cincinnati, Dept of Neuro Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 01 / 2016**

Transaction ID : 39901310

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address 51 Forest Ridge

City Springfield State IL Zip Code 62712-8910

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

Name of Employer (for Individual) SIU School of Med. Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 01 / 2016**

Transaction ID : 39901317

Amount of Each Receipt this Period **125.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	784.09
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 36
<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. Eliashiv, Dawn, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 South Stanley Drive

City Beverly Hills	State CA	Zip Code 90211-3005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UCLA	Occupation (for Individual) Physician
---	--

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 Y
09	/	01	/	2016

Transaction ID : 39907013

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2207 E Camino Way

City Salt Lake City	State UT	Zip Code 84121-4908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Utah	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : 39907100

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3919 Commander Drive

City Hyattsville	State MD	Zip Code 20782-1025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MedStar National Rehabilitation Hospit	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2016

Transaction ID : 39908921

Amount of Each Receipt this Period
84.00

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:	PAGE 8 OF 36
	(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. Riaz, Awais, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4462-D Maybeck Place

City Salt Lake City	State UT	Zip Code 84124-2651
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Utah	Occupation (for Individual) Neurologist
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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 Y
09		03		2016

Transaction ID : 39908922

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 1251 Glencoe Avenue

City Evanston	State IL	Zip Code 60203-1935
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RUMC	Occupation (for Individual) RUMC Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

Transaction ID : 39908923

Amount of Each Receipt this Period
41.67

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

Name of Employer (for Individual) Fairview Health Services	Occupation (for Individual) Neurologist
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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 Y
09		03		2016

Transaction ID : 39908924

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	541.67
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 36
<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. Etienne, Mill, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Coe Farm Road

City Montebello	State NY	Zip Code 10901-2908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Charity Health	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 39925130

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 5090 N 40th St Ste 250

City Phoenix	State AZ	Zip Code 85018-2134
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Phoenix Neurological Associates	Occupation (for Individual) Physician
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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
09		08		2016

Transaction ID : 39925131

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1009.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 39933646

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	393.00
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 36
<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. Graeber, Michael, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 Woodmont Way

City Ridgeland	State MS	Zip Code 39157-8618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Muscle & Nerve, PA	Occupation (for Individual) Physician
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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
09		08		2016

Transaction ID : 39933648

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 525 IRON STREET
SUITE B

City LEHIGHTON	State PA	Zip Code 18235-1949
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Neurology & Sleep Consultants	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 39933842

Amount of Each Receipt this Period
201.00

Memo Item

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

Mailing Address 6970 Broadway Terrace

City Oakland	State CA	Zip Code 94611-1950
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) John Muir Physical Ntwk	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

Transaction ID : 39933853

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	801.00
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 36
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Mailing Address 94 Shenandoah Court

City Portsmouth	State OH	Zip Code 45662-8660
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southern OH Med. Center	Occupation (for Individual) Neurologist
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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
09		09		2016

Transaction ID : 39933855

Amount of Each Receipt this Period
100.00

Memo Item

B. Lovera, Jesus, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5121 Cleveland Pl

City Metairie	State LA	Zip Code 70003-1056
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LSU Healthcare Network NEU/NSG	Occupation (for Individual) Neurologist
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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
09		10		2016

Transaction ID : 39935178

Amount of Each Receipt this Period
500.00

Memo Item

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

Name of Employer (for Individual) SSM	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2016

Transaction ID : 39935190

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 36														
<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. Jankovic, Joseph, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5312 Pine Street

City Bellaire	State TX	Zip Code 77401-4811
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baylor College 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
09		12		2016

Transaction ID : 39940896

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8113 E Del Cuarzo Dr

City Scottsdale	State AZ	Zip Code 85258-2254
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Four Peaks Neurology	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 39945234

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 292 Riverford Way

City Lawrenceville	State GA	Zip Code 30043-6416
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
466.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 39945236

Amount of Each Receipt this Period
178.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1428.00
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 36
	<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. Mishra, Bibhuti, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5801 Potomac Ave NW

City Washington	State DC	Zip Code 20016-2517
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Inova Fairfax Hospital	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2016

Transaction ID : 39967832

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2931 Stone Park Dr NE

City Rochester	State MN	Zip Code 55906-7722
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2016

Transaction ID : 39967833

Amount of Each Receipt this Period
84.00

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
-------------------	-------------	------------------------

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

Name of Employer (for Individual) VA	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
666.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2016

Transaction ID : 39967846

Amount of Each Receipt this Period
111.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.11
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 36
<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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American Academy of Neurology BrainPAC

A. Alam, Tariq, Jawaid, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1846 Winter Run Ct

City Chesterfield	State MO	Zip Code 63017-5674
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy	Occupation (for Individual) Neurology
--	--

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
09		18		2016

Transaction ID : 39967847

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 136 Covey Chase

City Tuscaloosa	State AL	Zip Code 35406-1801
--------------------	-------------	------------------------

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

Name of Employer (for Individual) VA	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : 39967872

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : 39967873

Amount of Each Receipt this Period
84.00

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 15 OF 36
	<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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American Academy of Neurology BrainPAC

A. 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) Self	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3749.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : 39967874

Amount of Each Receipt this Period
416.66

Memo Item

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

Mailing Address 4903 Valerie

City Bellaire	State TX	Zip Code 77401-5707
------------------	-------------	------------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 39987267

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 1108 Ronds Pointe Dr. West

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

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

Name of Employer (for Individual) Tallahassee Neurology Associates	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 39987269

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	590.66
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 16 OF 36
<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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American Academy of Neurology BrainPAC

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

Mailing Address 4119 W. 94th Terrace

City Prairie Village	State KS	Zip Code 66207-2713
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Mercy Hospital	Occupation (for Individual) Self
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

Transaction ID : 39987270

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2323 Dunstan Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2016

Transaction ID : 39991855

Amount of Each Receipt this Period
85.00

Memo Item

C. Jozefowicz, Ralph, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 78 Lac Kine Drive

City Rochester	State NY	Zip Code 14618-5608
-------------------	-------------	------------------------

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

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

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 Y
09	/	24	/	2016

Transaction ID : 39991856

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 36
	<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. Jones, Lyell, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2055 Scenic View Lane SW
 City Rochester State MN Zip Code 55902-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo MN Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2016
Transaction ID : 39991857
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Brandes, David, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Autumn Woods Drive
 City Sweetwater State TN Zip Code 37874-6482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 39991880
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Esper, Gregory, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2477 Oak Grove Estates
 City Atlanta State GA Zip Code 30345-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 39991881
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	169.00
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 36
<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. Qazi, Faisal, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton	State CA	Zip Code 92833-2221
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Inland Neurologic Consultants	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2016

Transaction ID : 39991882

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1199 Sennebec Rd

City Union	State ME	Zip Code 04862-4628
---------------	-------------	------------------------

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

Name of Employer (for Individual) Penobscot Bay Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2016

Transaction ID : 39991883

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2016

Transaction ID : 39991884

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.00
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 36
<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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American Academy of Neurology BrainPAC

A. Gwynn, Matthews, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 Old Powers Ln.

City Atlanta	State GA	Zip Code 30327-3409
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Atlanta Neurology	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
09		25		2016

Transaction ID : 39991886

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1501 N Campbell Ave Rm 6205
Box 245023 Neurology

City Tucson	State AZ	Zip Code 85724-0001
----------------	-------------	------------------------

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

Name of Employer (for Individual) Arizona Health Sciences 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
09		25		2016

Transaction ID : 39991888

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8040 Captain Dillon Ct

City Shreveport	State LA	Zip Code 71115-4606
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LA State University Health Sciences Ct	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : 39991918

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1292.00
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 36
<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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American Academy of Neurology BrainPAC

A. Wiesman, Janice, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E 38th Street
Apt 14D

City New York	State NY	Zip Code 10016-2768
------------------	-------------	------------------------

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

Name of Employer (for Individual) Boston University School of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1881.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : 39994625

Amount of Each Receipt this Period
209.00

Memo Item

B. 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	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999476

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

City Atlanta	State GA	Zip Code 30342-2506
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Healthcare	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999478

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	309.00
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 36
<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. Schwarz, Heidi, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Gorham St

City Canandaigua	State NY	Zip Code 14424-1805
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Unity Health	Occupation (for Individual) Physician
---	--

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
09	/	28	/	2016

Transaction ID : 39999479

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5748 Prospect Dr

City Missoula	State MT	Zip Code 59808-8608
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

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 Y
09	/	28	/	2016

Transaction ID : 39999481

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7020 North Skyline Dr

City Peoria	State IL	Zip Code 61614-3147
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999482

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
<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. 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
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Allied Physicians, Inc.	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1881.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999483

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 9927 N. 123rd Street

City Scottsdale	State AZ	Zip Code 85259-6026
--------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Joseph's Hospital	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
09	/	28	/	2016

Transaction ID : 39999486

Amount of Each Receipt this Period
100.00

Memo Item

C. Popwell, Richard, Earl, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 E. Fieldview Circle

City Bozeman	State MT	Zip Code 59715-7180
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Deaconess Health Group	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999487

Amount of Each Receipt this Period
125.00

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 23 OF 36
<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. Taylor, Carolyn, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4732 Lost Creek Lane

City Bellingham	State WA	Zip Code 98229-2574
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwest Neurology	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999488

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087-3808
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Hospital and Med. Center of	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1754.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999489

Amount of Each Receipt this Period
186.46

Memo Item

C. Lewis, Steven, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1725 W Harrison St Ste 1106

City Chicago	State IL	Zip Code 60612-3845
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rush Univ. Med. Ctr.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1881.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Transaction ID : 39999490

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	495.46
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 36
	<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. Jung Henson, Lily, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4785 Kitty Hawk Drive
 City Atlanta State GA Zip Code 30342-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 28 / 2016
Transaction ID : 39999491
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Barkley, Gregory, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2016
Transaction ID : 39999492
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Cha, Yoon-Hee, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4313 South Retana Avenue
 City Broken Arrow State OK Zip Code 74011-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2016
Transaction ID : 39999494
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.66
TOTAL This Period (last page this line number only).....	10617.65

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Leadership PAC Contribution

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39901449
Amount of Each Disbursement this Period

Leadership PAC Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name
Barr, Andy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KY District: 06

Date of Disbursement

/ /

FEC Identification Number

C00467571
Transaction ID : 39943404
Amount of Each Disbursement this Period

Campaign Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name
Stabenow, Debbie, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

/ /

FEC Identification Number

C00344473
Transaction ID : 39943415
Amount of Each Disbursement this Period

Campaign Contribution
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Joe Kennedy For Congress		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address PO Box 590464		FEC Identification Number C00512970 Transaction ID : 39943417
City Newton	State MA	Zip Code 02459
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Kennedy, Joseph, P., Rep., III		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA District: 04		

Full Name (Last, First, Middle Initial) B. Lance For Congress		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address PO Box 225		FEC Identification Number C00444224 Transaction ID : 39943418
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Lance, Leonard, , Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ District: 07		

Full Name (Last, First, Middle Initial) C. John Lewis For Congress		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address PO Box 2323		FEC Identification Number C00202416 Transaction ID : 39943419
City Atlanta	State GA	Zip Code 30301
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Lewis, John, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: GA District: 05		

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Butterfield For Congress			Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 434 Fayetteville Street Suite 2020			FEC Identification Number C C00401190 Transaction ID : 39943420	
City Raleigh	State NC	Zip Code 27601	Amount of Each Disbursement this Period 1000.00 Campaign Contribution	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Butterfield, G. K., , Rep.,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 01			

Full Name (Last, First, Middle Initial) B. Dr. Matt Heinz For Arizona			Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address P.O. Box 57698			FEC Identification Number C C00582221 Transaction ID : 39945135	
City Tucson	State AZ	Zip Code 85732	Amount of Each Disbursement this Period 1000.00 Campaign Contribution	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Heinz, Matthew, , ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 02			

Full Name (Last, First, Middle Initial) C. Bilirakis For Congress			Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address PO Box 606			FEC Identification Number C C00408534 Transaction ID : 39945136	
City Tarpon Springs	State FL	Zip Code 34688	Amount of Each Disbursement this Period 1000.00 Campaign Contribution	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Bilirakis, Gus, M., Rep.,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 12			

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bill Flores For Congress		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address PO Box 6207		FEC Identification Number C00472241 Transaction ID : 39945137	
City Bryan	State TX	Zip Code 77805	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name Flores, Bill, , Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 17		

Full Name (Last, First, Middle Initial) B. Terri Sewell For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016	
Mailing Address P.O. Box 1964		FEC Identification Number C00458976 Transaction ID : 39972516	
City Birmingham	State AL	Zip Code 35201	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name Sewell, Terri, A., Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL	District: 07		

Full Name (Last, First, Middle Initial) C. Welch For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016	
Mailing Address PO Box 1682		FEC Identification Number C00413179 Transaction ID : 39972517	
City Burlington	State VT	Zip Code 05402	Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name Welch, Peter, , Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VT	District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ellison For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 6072		FEC Identification Number C 000422410 Transaction ID : 39972518
City Minneapolis	State MN	Zip Code 55406
Purpose of Disbursement Campaign Contribution		Category/ Type 011
Candidate Name Ellison, Keith, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 05	

Full Name (Last, First, Middle Initial) B. Kristi For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 852		FEC Identification Number C 000476853 Transaction ID : 39972519
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement Campaign Contribution		Category/ Type 011
Candidate Name Noem, Kristi, Lynn, Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SD	District: 00	

Full Name (Last, First, Middle Initial) C. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 901 Se Oak Street Suite 105		FEC Identification Number C 000307314 Transaction ID : 39972520
City Portland	State OR	Zip Code 97214
Purpose of Disbursement Campaign Contribution		Category/ Type 011
Candidate Name Blumenauer, Earl, , Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 03	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address Pob 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00313510

Transaction ID : 39972521

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City
Elmhurst

State
NY

Zip Code
11373

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Crowley, Joseph, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00338954

Transaction ID : 39972522

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00410761

Transaction ID : 39972523

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Yarmuth For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1815 Brownsboro Road		FEC Identification Number C C00419630 Transaction ID : 39972524
City Louisville	State KY	Zip Code 40202
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Yarmuth, John, A., Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KY District: 03		

Full Name (Last, First, Middle Initial) B. Martin Heinrich For Senate		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address P.O. Box 25763		FEC Identification Number C C00434563 Transaction ID : 39972525
City Albuquerque	State NM	Zip Code 87125
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Heinrich, Martin, T., Sen.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NM District:		

Full Name (Last, First, Middle Initial) C. Mark Takano For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 5214		FEC Identification Number C C00498667 Transaction ID : 39972526
City Riverside	State CA	Zip Code 92517
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Takano, Mark, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA District: 41		

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Stivers For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 4679 Winterset Dr		FEC Identification Number C00441352 Transaction ID : 39972527
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Stivers, Steve, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Nancy Pelosi For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 700 13th Street, Nw Suite 600		FEC Identification Number C00213512 Transaction ID : 39972528
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Pelosi, Nancy, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 12	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Bucshon For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 250		FEC Identification Number C00468256 Transaction ID : 39972529
City Newburgh	State IN	Zip Code 47629
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Bucshon, Larry, , Rep., MD		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 08	Category/Type 011	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mccollum For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address P.O. Box 14131		FEC Identification Number C C00354688 Transaction ID : 39972530
City St. Paul	State MN	Zip Code 55114
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name McCollum, Betty, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 04	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Texans For Henry Cuellar Congressional Campaign		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1519 Washington Street Suite 200		FEC Identification Number C C00371302 Transaction ID : 39972531
City Laredo	State TX	Zip Code 78040
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Cuellar, Henry, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 28	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Pete Sessions For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 823047		FEC Identification Number C C00303305 Transaction ID : 39973175
City Dallas	State TX	Zip Code 75382
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Sessions, Pete, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 32	Category/Type 011	

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

4500.00

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

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

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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Gregg Harper For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address Post Office Box 54344		FEC Identification Number C00441295 Transaction ID : 39992677
City Pearl	State MS	Zip Code 39288
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Harper, Gregg, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District: 03	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Collins For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address PO Box 386		FEC Identification Number C00520379 Transaction ID : 39992678
City Clarence	State NY	Zip Code 14031
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Collins, Christopher, , Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 27	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Michael Burgess For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address PO Box 2334		FEC Identification Number C00372532 Transaction ID : 39992679
City Denton	State TX	Zip Code 76202
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Burgess, Michael, C., Rep., M.D.		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 26	<input type="checkbox"/> Memo Item	

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

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

5000.00

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

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Susan Brooks		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 9425 N Meridian St # 237		FEC Identification Number C00500207 Transaction ID : 39992681
City Indianapolis	State IN	Zip Code 46260
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Brooks, Susan, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Billy Long For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 3246 E Ridgeview St		FEC Identification Number C00460063 Transaction ID : 39992686
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Long, Billy, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Perlmutter For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 3440 Youngfield Street #264		FEC Identification Number C00410639 Transaction ID : 39992688
City Wheat Ridge	State CO	Zip Code 80033
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Perlmutter, Edwin, , Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 07	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Mark Warner		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 201 North Union Street Suite 300		FEC Identification Number C00438713 Transaction ID : 39992690
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Warner, Mark, Robert, Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District:	

Full Name (Last, First, Middle Initial) B. Mckinley For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address PO Box 642		FEC Identification Number C00473132 Transaction ID : 39992852
City Morgantown	State WV	Zip Code 26507
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name McKinley, David, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV	District: 01	

Full Name (Last, First, Middle Initial) C. Andy Harris For Congress		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address PO Box 426		FEC Identification Number C00435974 Transaction ID : 39999570
City Stevensville	State MD	Zip Code 21666
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Harris, Andy, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 01	

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

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

3000.00
52500.00