

# 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.   
American Academy of Neurology BrainPAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="99622.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="84946.99"/>	<input type="text" value="185919.74"/>
(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="184569.88"/>	<input type="text" value="333179.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16500.00"/>	<input type="text" value="165110.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="168069.88"/>	<input type="text" value="168069.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66659.21	137704.79
(ii) Unitemized .....	18287.78	47714.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	84946.99	185419.74
(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) .....	84946.99	185419.74
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))..... ▶	84946.99	185919.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	84946.99	185919.74

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	163000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	2110.00
(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)).....	500.00	2110.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16500.00	165110.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	165110.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	84946.99	185419.74
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	2110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84446.99	183309.74
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 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Edgar J. Kenton III**

Mailing Address 100 N Academy Ave

City Danville State PA Zip Code 17822-9800

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

Name of Employer Geisinger Health system Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2016**

**Transaction ID : 39318040**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Dr. Elaine C. Jones**

Mailing Address 212 Bay Spring Ave

City Barrington State RI Zip Code 02806-1332

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1727.27**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2016**

**Transaction ID : 39318043**

Amount of Each Receipt this Period  
**409.09**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Dr. Sara G. Austin**

Mailing Address 3006 Loveland Cove

City Austin State TX Zip Code 78746-7635

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

Name of Employer Self Occupation Neurologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2016**

**Transaction ID : 39319080**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1909.09**

**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 49
	<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. Dr. Nicholas Elwood Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Utah Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 02 / 2016  
**Transaction ID : 39319091**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Dr. Jesse W. Mindel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 949 Adin Trl  
 City Columbus State OH Zip Code 43235-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio State University Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : 39338270**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Christopher Prusinski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Lansing Island  
 City Indian Harbour Beach State FL Zip Code 32937-5354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : 39346992**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 49
	<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. Dr. Mill Etienne**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Coe Farm Road

City Montebello State NY Zip Code 10901-2908

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

Name of Employer Occupation  
Bon Secours Charity Health Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2016  
**Transaction ID : 39347542**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Dr. Erik Perkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

Name of Employer Occupation  
Sharp-Rees-Stealy Medical Group Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2016  
**Transaction ID : 39348597**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Dr. Steven J. Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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

Name of Employer Occupation  
John Muir Physical Ntwk Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2016  
**Transaction ID : 39348598**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.00
<b>TOTAL</b> 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 49
	<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. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 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 Allied Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **836.00**

Date of Receipt **04 / 13 / 2016**  
**Transaction ID : 39352087**  
 Amount of Each Receipt this Period **209.00**  
 Memo Item

**B. Dr. Terrence L. Cascino**  
 Full Name (Last, First, Middle Initial)  
 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 Mayo Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 17 / 2016**  
**Transaction ID : 39360677**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

**C. Dr. Eric Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2152 Spring Creek Road  
 City Decatur State GA Zip Code 30033-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : 39361129**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1793.00</b>
<b>TOTAL</b> 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 49
<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. Dr. Daniel C. Potts**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

Name of Employer VA Occupation Physician

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 / 19 / 2016

**Transaction ID : 39361139**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. Dr. Sarah Song**  
Full Name (Last, First, Middle Initial)

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 Rush Occupation 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 / 19 / 2016

**Transaction ID : 39361140**

Amount of Each Receipt this Period  
 84.00

Memo Item

**C. Dr. Nancy L. Mueller**  
Full Name (Last, First, Middle Initial)

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 Self Occupation 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 / 19 / 2016

**Transaction ID : 39361141**

Amount of Each Receipt this Period  
 416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.66
<b>TOTAL</b> 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 49
	<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. Dr. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : 39361440**

Amount of Each Receipt this Period  
 75.00

Memo Item

**B. Dr. Stacey Clardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7839 Boothill Dr

City Park City State UT Zip Code 84098-5322

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

Name of Employer Occupation

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 / 15 / 2016

**Transaction ID : 39384688**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. Dr. Beau Katsuki Nakamoto**  
Full Name (Last, First, Middle Initial)

Mailing Address 3244 Woodlawn Drive

City Honolulu State HI Zip Code 96822-1468

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

Name of Employer Occupation

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 / 15 / 2016

**Transaction ID : 39384690**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> 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 49
	<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. Dr. Teresa L. Jacobs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 Landsdowne Road  
 City Ann Arbor State MI Zip Code 48105-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384704**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Dr. William C. Davison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 922 Seminole Road  
 City Wilmette State IL Zip Code 60091-1223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Western Univ Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384708**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Ralph L. Sacco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1379 North Venetian Way  
 City Miami Beach State FL Zip Code 33139-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Miami Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384709**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 49
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Ann M. Hake</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 <b>Transaction ID : 39384712</b>
Mailing Address 4398 Asbury Street		Amount of Each Receipt this Period 2500.00
City Indianapolis	State IN	Zip Code 46227-8608
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Indiana University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. J. Clay Goodman</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 <b>Transaction ID : 39384715</b>
Mailing Address 2520 Robinhood St Apt 1608		Amount of Each Receipt this Period 2500.00
City Houston	State TX	Zip Code 77005-2561
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baylor Medical School	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph V. Fritz</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 <b>Transaction ID : 39384716</b>
Mailing Address 6245 Creekhaven Drive		Amount of Each Receipt this Period 1000.00
City East Amherst	State NY	Zip Code 14051-2077
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Dent Institute	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> 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 14 OF 49  
(check only one)

<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. Dr. David C. Good**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1160 Stoney Run Road  
City Hummelstown State PA Zip Code 17036-8536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Penn State Hershey Med Center Occupation Neurologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1300.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384720**  
Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Robert A. Gross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 Split Rock Rd  
City Pittsford State NY Zip Code 14534-1852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Rochester Occupation Neurologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384723**  
Amount of Each Receipt this Period 1200.00  
 Memo Item

**C. Dr. Jonathan P. Hosey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1503 Red Ln  
City Danville State PA Zip Code 17821-8493  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Geisinger Medical Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384725**  
Amount of Each Receipt this Period 1500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 3000.00  
**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 49
	<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. Dr. Richard M. Dubinsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 4307 W 126th Terrace

City Leawood State KS Zip Code 66209-2288

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

Name of Employer Univ of Kansas Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 04 / 15 / 2016  
**Transaction ID : 39384729**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Dr. Gurdes Bedi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1550 Amundson Lane

City Stillwater State MN Zip Code 55082-4135

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

Name of Employer St. Croix Regional Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 04 / 16 / 2016  
**Transaction ID : 39384830**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Dr. Neil R. Holland**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Jermyn Drive

City Clarks Summit State PA Zip Code 18411-1038

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

Name of Employer Neurology Specialists of Monmouth Coun Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 04 / 16 / 2016  
**Transaction ID : 39384831**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 49
	<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. Dr. Timothy A. Pedley**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Grace Church St.

City Rye State NY Zip Code 10580-3926

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

Name of Employer Columbia University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384837**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Jesse M. Cedarbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Old Barnabas Rd

City Woodbridge State CT Zip Code 06525-1923

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

Name of Employer Cytokinetics Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384844**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. David K. Urion**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Pierce Hill Road

City Lincoln State MA Zip Code 01773-3201

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

Name of Employer Boston Childrens Hosp Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384846**

Amount of Each Receipt this Period 1100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 49
	<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. Dr. Lawrence R. Wechsler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5565 Northumberland Street  
 City Pittsburgh State PA Zip Code 15217-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384847**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Deborah I. Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 Edgestone Road  
 City Dallas State TX Zip Code 75230-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Southwestern Medic Occupation Faculty Neurologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384849**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Dr. Joseph F. Seipel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1119 Doebrook Drive  
 City New Albany State IN Zip Code 47150-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384851**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> 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 49
	<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. Dr. Binit Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Christa Court

City Charlottesville State VA Zip Code 22903-4244

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

Name of Employer Univ. of Virginia Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384852**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Dr. Aamir Rasheed**  
Full Name (Last, First, Middle Initial)

Mailing Address 137 Sunrise Place

City Vestal State NY Zip Code 13850-2899

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

Name of Employer Neuro Medical Care Associates Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384853**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. A. Gordon Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 North 1900 East SOM 3R242

City Salt Lake City State UT Zip Code 84132-0002

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384856**

Amount of Each Receipt this Period 500.00

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: PAGE 19 OF 49  
(check only one)

<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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Vitalie Lupu**

Mailing Address 1310 NW Naito Pkwy, Apt 908

City Portland	State OR	Zip Code 97209-3162
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

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	/	16	/	2016

**Transaction ID : 39384860**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Dr. Jeffrey R. Buchhalter**

Mailing Address 1331 Windsor Street NW

City Calgary	State AB	Zip Code T2N 3X2
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FEC ID number of contributing federal political committee. **C**

Name of Employer Alberta Children's Hospital	Occupation Child 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 Y
04	/	16	/	2016

**Transaction ID : 39384863**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Dr. Charles C. Flippen II**

Mailing Address 11319 Isleta Street

City Los Angeles	State CA	Zip Code 90049-3022
---------------------	-------------	------------------------

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

Name of Employer UCLA	Occupation 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	/	16	/	2016

**Transaction ID : 39384870**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 20 OF 49  
(check only one)

<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. Dr. William B. Young**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Yeakel Avenue  
City Erdenheim State PA Zip Code 19038-7827  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jefferson Headache Center Occupation Neurologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384873**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Timothy A. Pedley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 Grace Church St.  
City Rye State NY Zip Code 10580-3926  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia University Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384874**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Mircea A. Morariu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 855 NE Orchid Bay Dr.  
City Boca Raton State FL Zip Code 33487-1751  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384877**  
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 21 OF 49
	<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. Dr. David E. Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Yorkshire Lane

City Delmar State NY Zip Code 12054-1327

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

Name of Employer Albany Med. College Occupation 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 / 16 / 2016  
**Transaction ID : 39384881**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Susana M. Bowling**  
Full Name (Last, First, Middle Initial)

Mailing Address 3097 Highland Dr

City Cuyahoga Falls State OH Zip Code 44224-3002

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

Name of Employer Occupation

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 / 16 / 2016  
**Transaction ID : 39384884**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dr. Anna D. Hohler**  
Full Name (Last, First, Middle Initial)

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 BUMC Dept. of Neurology Occupation Physician

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 / 16 / 2016  
**Transaction ID : 39384886**

Amount of Each Receipt this Period  
1400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2150.00
<b>TOTAL</b> 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 49
<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. Dr. Timothy Herron**  
Full Name (Last, First, Middle Initial)

Mailing Address 226 East Washington Street

City Sandusky State OH Zip Code 44870-2611

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

Name of Employer self-employed Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385022**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Jack W. Tsao**  
Full Name (Last, First, Middle Initial)

Mailing Address 5267 Rich Rd

City Memphis State TN Zip Code 38120-1936

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

Name of Employer University of Tennessee Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385029**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Carmel Armon**  
Full Name (Last, First, Middle Initial)

Mailing Address 99 Pinewood Drive

City Longmeadow State MA Zip Code 01106-1639

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

Name of Employer State of Israel Ministry of Health Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385038**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 49
	<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	<input type="checkbox"/> 17

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

**A. Dr. Stephanie J. Nahas**  
Full Name (Last, First, Middle Initial)

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 Occupation

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 / 17 / 2016

**Transaction ID : 39385082**

Amount of Each Receipt this Period  
 400.00

Memo Item

**B. Dr. Lynne P. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 9th Avenue, C2-HEM

City Seattle State WA Zip Code 98101-2756

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

Name of Employer Occupation  
 Tufts Medical Center Physician

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 / 17 / 2016

**Transaction ID : 39385083**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. Dr. Lisa M. Shulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Paca St  
 Dept of Neurology Rm 3-S-127

City Baltimore State MD Zip Code 21201-1642

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

Name of Employer Occupation  
 U of MD At Baltimore 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 / 17 / 2016

**Transaction ID : 39385091**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3900.00
<b>TOTAL</b> 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 49
	<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. Dr. Jacqueline W.L. Chan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 447 W Eaton Ave  
 Dept of Neurology  
 City State Zip Code  
 Tracy CA 95376-3420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sutter Health 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 / 17 / 2016  
**Transaction ID : 39385099**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Brian A. Trimble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19430 Upper Skyline Dr.  
 City State Zip Code  
 Eagle River AK 99577-7922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alaska Native Medical Center Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2016  
**Transaction ID : 39385100**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dr. Shanker Sundrani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1151 Eagle Ridge  
 City State Zip Code  
 El Paso TX 79912-7476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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 / 17 / 2016  
**Transaction ID : 39385103**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 49
	<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	<input type="checkbox"/> 17

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

**A. Dr. David C. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2022 Summit Avenue  
 City Saint Paul State MN Zip Code 55105-1460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Minnesota Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385104**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Korwyn Williams**  
 Full Name (Last, First, Middle Initial)  
 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 Phoenix Children's Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385107**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Alberto J. Espay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6936 Royalgreen Dr  
 City Cincinnati State OH Zip Code 45244-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385181**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 26 OF 49  
(check only one)

<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. Dr. John T. Kissel**  
Full Name (Last, First, Middle Initial)

Mailing Address 395 W. 12th Ave.  
Dept of Neurology

City Columbus State OH Zip Code 43210-1250

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

Name of Employer Ohio State University Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385182**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. David C. Preston**  
Full Name (Last, First, Middle Initial)

Mailing Address 2685 Wadsworth Road

City Shaker Heights State OH Zip Code 44122-2009

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

Name of Employer University Hospitals Case Medical Cent Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385183**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dr. Michael A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Minor Avenue  
Apt 1403

City Seattle State WA Zip Code 98104-1398

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

Name of Employer LifeBridge Health Brain & Spine Instit Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385188**

Amount of Each Receipt this Period  
1000.00

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 27 OF 49
	<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. Dr. Justin A. Zivin**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

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

Name of Employer Retired Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385189**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Justin A. Zivin**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

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

Name of Employer Retired Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385196**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Stanley Fahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Edgars Ln

City Hastings On Hudson State NY Zip Code 10706-1107

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

Name of Employer Columbia Univ. Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385197**

Amount of Each Receipt this Period 1000.00

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 49
	<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. Dr. Karen L. Furie**  
Full Name (Last, First, Middle Initial)

Mailing Address 593 Eddy St, APC5

City Providence State RI Zip Code 02903-4923

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385198**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. David B. Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3112 N. Greystone Drive

City Morgantown State WV Zip Code 26508-8601

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385199**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. John R. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 928 Mapleton Ave

City Oak Park State IL Zip Code 60302-1404

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385201**

Amount of Each Receipt this Period  
2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00

**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 49
	<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. Dr. Parthasarathy Thirumala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 Park Place  
 City Glenshaw State PA Zip Code 15116-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pittsburgh Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385202**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Jose Biller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1917 W Fletcher St  
 City Chicago State IL Zip Code 60657-2028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loyola University Med. Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385206**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Laurie Gutmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 826 Sugar Loaf Circle  
 City Iowa City State IA Zip Code 52245-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Iowa Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385208**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 49
	<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. Dr. Lori Ann Schuh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Sturbridge Dr. SE  
 City State Zip Code  
 Ada MI 49301-8133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Henry Ford Hospital 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 / 18 / 2016  
**Transaction ID : 39385210**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Miriam L. Freimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 639 Crossing Creek South  
 City State Zip Code  
 Gahanna OH 43230-6114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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 / 18 / 2016  
**Transaction ID : 39385214**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Lisa M. DeAngelis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 East 56th Street  
 City State Zip Code  
 New York NY 10022-4339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Sloan Kettering Cancer Center Physician  
 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 / 18 / 2016  
**Transaction ID : 39385217**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> 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 49
	<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. Dr. James Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 181 Waling

City Memphis State TN Zip Code 38117-2435

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

Name of Employer Tri-State Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016  
**Transaction ID : 39385219**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Ms. Jane Ransom**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Chicago Avenue

City Minneapolis State MN Zip Code 55415-1126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016  
**Transaction ID : 39385220**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Dr. Jana Wold**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 N. Medical Drive E.  
3rd Floor

City Salt Lake City State UT Zip Code 84112-1505

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

Name of Employer University of Utah Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016  
**Transaction ID : 39385221**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 49
	<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. Dr. Michael Stitzer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1753 W. Univesity Heights Dr. S.

City Flagstaff	State AZ	Zip Code 86005-9126
-------------------	-------------	------------------------

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

Name of Employer Winslow Indian Health Care Center	Occupation 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	/	19	/	2016

**Transaction ID : 39385285**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Francis X. Conidi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1288 NE Ocean Blvd

City Stuart	State FL	Zip Code 34996-1525
----------------	-------------	------------------------

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

Name of Employer Florida Center for Headache & Sports N	Occupation 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	/	19	/	2016

**Transaction ID : 39385287**

Amount of Each Receipt this Period  
500.00

Memo Item

**c. Dr. Thomas R. Swift**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Bransford Rd

City Augusta	State GA	Zip Code 30909-3090
-----------------	-------------	------------------------

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

Name of Employer Medical College of Georgia	Occupation 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	/	19	/	2016

**Transaction ID : 39385291**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 49
	<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. Dr. Nicole A. Chiota-McCollum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1267 Redfields Road  
 City Charlottesville State VA Zip Code 22903-7892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385295**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Ann H. Tilton**  
 Full Name (Last, First, Middle Initial)  
 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 LSU Med. Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385300**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Dr. Aaron E. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 East 86th Street Apt. 7B  
 City New York State NY Zip Code 10028-1059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mount Sinai School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385304**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 49
	<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. Dr. Erik Kent St. Louis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 1st St SW  
 City Rochester State MN Zip Code 55905-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385305**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**B. Dr. Nancy B. Isenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Ninth Avenue  
 City Seattle State WA Zip Code 98101-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VMMC Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385307**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Susan B. Bressman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 EastEnd Avenue  
 City New York State NY Zip Code 10028-7553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Philip Ambulatory Care Center, Beth Is Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385311**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> 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 49
	<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. Dr. Theodore Faber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 451 Persimmon Fork Rd  
 City Blythewood State SC Zip Code 29016-8305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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 / 19 / 2016  
**Transaction ID : 39385312**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. S H. Subramony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7679 SW 25th Ave  
 City Gainesville State FL Zip Code 32608-0324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Florida 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 / 20 / 2016  
**Transaction ID : 39385379**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Dr. Syeda Laila Alqadri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6811 Old Canton Rd Apt # 2901  
 City Ridgeland State MS Zip Code 39157-1276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2016  
**Transaction ID : 39385386**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 49  
(check only one)

<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. Dr. Fernando Santos Pinheiro**  
Full Name (Last, First, Middle Initial)

Mailing Address 133 Colonial Drive  
Apt 507

City State Zip Code  
White River Junction VT 05001-2943

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 20 / 2016  
**Transaction ID : 39385401**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mr. Mike Amery**  
Full Name (Last, First, Middle Initial)

Mailing Address 20308 Trolley Crossing Ct.

City State Zip Code  
Montgomery Village MD 20886-5838

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

Name of Employer Occupation  
American Academy of Neurology Legislative Counsel, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  
04 / 21 / 2016  
**Transaction ID : 39385500**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Dr. Mohammad Yaseen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8610 Bradmoor Dr

City State Zip Code  
Bethesda MD 20817-3633

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 21 / 2016  
**Transaction ID : 39385507**

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 37 OF 49
	<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	<input type="checkbox"/> 17

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

**A. Dr. Bennett L. Lavenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4210 Rosemary St  
 City Chevy Chase State MD Zip Code 20815-5218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childrens National Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385534**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Jeffrey A. Samuels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 SE 2nd St #1302  
 City Fort Lauderdale State FL Zip Code 33301-3682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385568**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dr. Stanley J. Whitney**  
 Full Name (Last, First, Middle Initial)  
 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 Tallahassee Neurology Associates Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 23 / 2016  
**Transaction ID : 39386679**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	690.00
<b>TOTAL</b> 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 49
<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. Dr. Joseph S. Kass**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4903 Valerie  
City Belleaire State TX Zip Code 77401-5707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baylor College of Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 23 / 2016  
**Transaction ID : 39386682**  
Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Dr. William S. Gilmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2323 Dunstan Rd  
City Houston State TX Zip Code 77005-2613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Neurologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 24 / 2016  
**Transaction ID : 39386711**  
Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Dr. Janice F. Wiesman**  
Full Name (Last, First, Middle Initial)  
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 Boston University School of Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 836.00

Date of Receipt 04 / 24 / 2016  
**Transaction ID : 39386713**  
Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	378.00
<b>TOTAL</b> 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 49
	<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. Dr. Michael R. Yochelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3919 Commander Drive  
 City Hyattsville State MD Zip Code 20782-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 24 / 2016  
**Transaction ID : 39386714**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Dr. David L. Camenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Glenwood Ave  
 City Augusta State ME Zip Code 04330-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : 39386730**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 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 Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : 39386731**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	294.00
<b>TOTAL</b> 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 40 OF 49
	<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. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : 39386734**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**B. Dr. Allison Brashear**  
Full Name (Last, First, Middle Initial)

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 Wake Forest Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : 39386735**

Amount of Each Receipt this Period  
**80.00**

Memo Item

**C. Dr. David W. Brandes**  
Full Name (Last, First, Middle Initial)

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 Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : 39386736**

Amount of Each Receipt this Period  
**85.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.00</b>
<b>TOTAL</b> 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 41 OF 49
	<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. Dr. Steven J. Cavalier**  
Full Name (Last, First, Middle Initial)

Mailing Address 3726 Ridgetop Dr

City Baton Rouge	State LA	Zip Code 70809-2637
---------------------	-------------	------------------------

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

Name of Employer Baton Rouge Clinic, AMC	Occupation 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		28		2016

**Transaction ID : 39395699**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Dr. Glen R. Finney**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 Homestead Dr

City Dallas	State PA	Zip Code 18612-7227
----------------	-------------	------------------------

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

Name of Employer Geisinger	Occupation Behavioral Neurology
-------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 39395700**

Amount of Each Receipt this Period  
208.34

Memo Item

**C. Dr. Heidi B. Schwarz**  
Full Name (Last, First, Middle Initial)

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 Unity Health	Occupation Physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2016

**Transaction ID : 39395701**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.34
<b>TOTAL</b> 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 42 OF 49
	<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. Dr. Marsha Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 94 Shenandoah Court

City Portsmouth State OH Zip Code 45662-8660

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

Name of Employer Southern OH Med. Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : 39395702**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Dr. Terry D. Fife**  
Full Name (Last, First, Middle Initial)

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 St. Joseph's Hospital Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : 39395709**

Amount of Each Receipt this Period 100.00

Memo Item

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

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 Northwest Neurology Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : 39395710**

Amount of Each Receipt this Period 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 43 OF 49
	<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. Dr. Bruce H. Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
821.88

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : 39395711**

Amount of Each Receipt this Period  
186.46

Memo Item

**B. Dr. Steven L. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106

City State Zip Code  
Chicago IL 60612-3845

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

Name of Employer Occupation  
Rush Univ. Med. Ctr. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
836.00

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : 39395712**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Dr. Lily Jung Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Kitty Hawk Drive

City State Zip Code  
Atlanta GA 30342-2506

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

Name of Employer Occupation  
Piedmont Healthcare Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : 39395713**

Amount of Each Receipt this Period  
416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.12
<b>TOTAL</b> 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 44 OF 49
<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. Dr. Gregory L. Barkley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City Ann Arbor	State MI	Zip Code 48105-1435
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FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hospital	Occupation Neurologist
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 39395714**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dr. Jonathan Hart McKinnon**  
Full Name (Last, First, Middle Initial)

Mailing Address 7575 W Washington Ave, #127-160

City Las Vegas	State NV	Zip Code 89128-4333
-------------------	-------------	------------------------

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

Name of Employer Las Vegas Clinic	Occupation 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	/	28	/	2016

**Transaction ID : 39395717**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Dr. Ilo E. Leppik**  
Full Name (Last, First, Middle Initial)

Mailing Address 7500 Western Ave

City Golden Valley	State MN	Zip Code 55427-4849
-----------------------	-------------	------------------------

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

Name of Employer MINCEP Epilepsy Care	Occupation
--	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2016

**Transaction ID : 39396730**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 45 OF 49  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
**Dr. Justin A. Zivin**

Mailing Address **PO Box 676025**

City **Rancho Santa Fe** State **CA** Zip Code **92067-6025**

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

Name of Employer **Retired** Occupation **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	/	27	/	2016

**Transaction ID : 39518714**

Amount of Each Receipt this Period  

0.00
------

Memo Item

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	66659.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Clarke For Congress**

Mailing Address 111-36 200th. Street

City State Zip Code  
Hollis NY 11412

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Yvette D. Clarke**

Office Sought:  House  
 Senate  
 President  
State: NY District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : 39325028**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Georgians For Isakson**

Mailing Address Post Office Box 250116

City State Zip Code  
Atlanta GA 30325

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President  
State: GA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : 39325093**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. STEVE PAC**

Mailing Address 217 Third St. SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : 39325372**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Leadership PAC Contribution

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Hoyer For Congress**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

**Transaction ID : 39388907**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

**Transaction ID : 39394451**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Mooney For Congress**

Mailing Address P.O. Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Alexander Mooney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

**Transaction ID : 39394453**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Campaign Contribution

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

9	5	0	0	.	0	0
---	---	---	---	---	---	---

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

9	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kirk For Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Mark Steven Kirk**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : 39394454**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Devin G. Nunes**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : 39394455**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

16000.00



**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Justin A. Zivin**

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

Purpose of Disbursement  
Refund of duplicate contribution on 4/18/2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39395435**

Amount of Each Disbursement this Period

Memo Item  
Refund of duplicate contribution on 4/18/2016

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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