

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="339784.46"/>	<input type="text" value="339784.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="369684.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49894.00"/>	<input type="text" value="79794.00"/>
(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="419578.46"/>	<input type="text" value="419578.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38500.00"/>	<input type="text" value="38500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="381078.46"/>	<input type="text" value="381078.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37594.00	55742.00
(ii) Unitemized	12300.00	24052.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49894.00	79794.00
(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)	49894.00	79794.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	49894.00	79794.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49894.00	79794.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	38500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38500.00	38500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38500.00	38500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49894.00	79794.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49894.00	79794.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
<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

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

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

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

Mailing Address 1746 Yalecrest Ave

City Salt Lake City	State UT	Zip Code 84108-1840
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2020

Transaction ID : 44478148

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 111 Griffith Court

City Waukesha	State WI	Zip Code 53188-9570
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2020

Transaction ID : 44480503

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2020

Transaction ID : 44510690

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2209.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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. Ritzl, Eva, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8320 Governor Grayson Way
 City Ellicott City State MD Zip Code 21043-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : 44511503
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Riggins, Nina, Yakovlevna, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 Carlmont Dr Apt 26
 City Belmont State CA Zip Code 94002-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSF Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : 44511676
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Louden, M, Barry, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Colony Dr
 City Vienna State WV Zip Code 26105-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVU Medicine Parkersburg Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2020
Transaction ID : 44529601
 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 8 OF 30
	<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. Hale, David, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 VASSAR DR SE

City ROME	State GA	Zip Code 30161-6201
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2020

Transaction ID : 44531024

Amount of Each Receipt this Period
1000.00

Memo Item

B. Austin, Sara, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4909 Westview Dr.

City Austin	State TX	Zip Code 78731-4735
----------------	-------------	------------------------

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

Name of Employer (for Individual) Seton Family of Doctors	Occupation (for Individual) Neurologist
--------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2020

Transaction ID : 44541322

Amount of Each Receipt this Period
500.00

Memo Item

C. Spanaki-Varelas, Marianna, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Dedham Post

City Schenectady	State NY	Zip Code 12303-5275
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albany Medical College	Occupation (for Individual) Neurologist
-------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2020

Transaction ID : 44543319

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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. Benish, Sarah, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5949 Bradbury Court

City Inver Grove Heights	State MN	Zip Code 55076-1597
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2020

Transaction ID : 44543356

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 744 Mandee St. SE

City Lacey	State WA	Zip Code 98513-7755
---------------	-------------	------------------------

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

Name of Employer (for Individual) Franciscan Hospice and Palliative Care	Occupation (for Individual) Physician
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2020

Transaction ID : 44543369

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 1416 Koko Head Ave

City Honolulu	State HI	Zip Code 96816-3234
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2020

Transaction ID : 44547835

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
<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. Hohler, Anna, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 Morton Street

City Needham Heights	State MA	Zip Code 02494-1204
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2020

Transaction ID : 44561312

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1065 2nd Ave, 7J

City New York	State NY	Zip Code 10022-2887
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPP Department of Neurology-Shadyside	Occupation (for Individual) Physician
----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
832.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2020

Transaction ID : 44561642

Amount of Each Receipt this Period
416.00

Memo Item

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

Mailing Address 13039 Brighton Avenue

City Carmel	State IN	Zip Code 46032-9672
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana University Neuroscience Center	Occupation (for Individual) Neurologist
-----------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2020

Transaction ID : 44561653

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1666.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<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. Bedi, Gurdesh, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) St Croix Regional Medical Center	Occupation (for Individual) Neurologist
-----------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : 44561657

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 3735 Yates St

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : 44561660

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 250 Ashland Place
Apt. 49J

City Brooklyn	State NY	Zip Code 11217-4342
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nilay Shah MD PC	Occupation (for Individual) Physician
-------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : 44561662

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3725.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<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. Finney, Glen, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 Homestead Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
723.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44561709

Amount of Each Receipt this Period
723.28

Memo Item

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

Mailing Address 828 Homestead Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
932.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44561711

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 828 Homestead Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44561875

Amount of Each Receipt this Period
17.72

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 2295 New Town Dr NE

City Grand Rapids	State MI	Zip Code 49525-3917
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2020

Transaction ID : 44562258

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 1408 Park Ave

City Richmond	State VA	Zip Code 23220-3536
------------------	-------------	------------------------

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

Name of Employer (for Individual) VCU Health System Department of Neurol	Occupation (for Individual) Neurologist
-----------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2020

Transaction ID : 44562261

Amount of Each Receipt this Period
250.00

Memo Item

C. Metzler, Abby, Ilona, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5708 Dewey Hill Rd

City Edina	State MN	Zip Code 55439-1803
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2020

Transaction ID : 44569659

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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. Prusinski, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Christopher J Prusinski,DO,PA	Occupation (for Individual) Neurologist
--------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2020

Transaction ID : 44569677

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 9878 Zig Zag Drive

City Montgomery	State OH	Zip Code 45242-6311
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2020

Transaction ID : 44569909

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 330 E 38th Street
Apt 14D

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

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

Name of Employer (for Individual) New York University	Occupation (for Individual) Neurologist
----------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2020

Transaction ID : 44578145

Amount of Each Receipt this Period
230.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	648.00
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 30
<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. Cohen, Bruce, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3141 Neille Lane

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

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

Name of Employer (for Individual) Children's Hospital Medical Center of	Occupation (for Individual) Physician
----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2020

Transaction ID : 44578146

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 1137 E Marion St #225

City Shelby	State NC	Zip Code 28150-4843
----------------	-------------	------------------------

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

Name of Employer (for Individual) Gaurang Palikh, MD, PC	Occupation (for Individual) Neurologist
-------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2020

Transaction ID : 44579928

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1201 East West Hwy Apt 114

City Silver Spring	State MD	Zip Code 20910-6288
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Director, Congressional Affairs
--------------------------------------------------------------------	----------------------------------------------------------------

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
02	/	23	/	2020

Transaction ID : 44579929

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1445.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
<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. Flippen, Charles, C., Dr., II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) UCLA Goldberg Migraine Program	Occupation (for Individual) Neurologist
---------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2020

Transaction ID : 44579930

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4818 Rafi Road

City Easton	State PA	Zip Code 18045-5683
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Luke's University	Occupation (for Individual) Neurologist
------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579943

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2540 Carlmont Dr
Apt 26

City Belmont	State CA	Zip Code 94002-3252
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579951

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 30
<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. Thirumala, Parthasarathy, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) University of Pittsburgh Medical Cente	Occupation (for Individual) Neurologist
-----------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579954

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 101 Scarborough Lane

City Millersville	State PA	Zip Code 17551-9523
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn State University, Milton S Hershe	Occupation (for Individual) Neurologist
-----------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579959

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3537 Knollwood Dr NW

City Atlanta	State GA	Zip Code 30305-1021
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Physicians	Occupation (for Individual) Neurologist
----------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579961

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<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. Armstrong, Robert, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1060 Columbine ROad

City Asheville	State NC	Zip Code 28803-2398
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Asheville Neurology Specialists, PA	Occupation (for Individual) Neurologist
--------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579963

Amount of Each Receipt this Period
250.00

Memo Item

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

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 (for Individual) West Virginia University	Occupation (for Individual) Neurologist
---------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579969

Amount of Each Receipt this Period
500.00

Memo Item

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

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 (for Individual) Miller School of Medicine - Univ of Mi	Occupation (for Individual) Neurologist
-----------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579970

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<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. Duff, Robert, Scott, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5814 S Northern Ridge Rd

City Springfield	State MO	Zip Code 65810-1976
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Robert Scott Duff, MD LLC	Occupation (for Individual) Neurologist
----------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2020

Transaction ID : 44579973

Amount of Each Receipt this Period
500.00

Memo Item

B. Rydell, Catherine, M., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 South 2nd Street, 102

City Minneapolis	State MN	Zip Code 55401-2145
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Executive Director/CEO
--------------------------------------------------------------------	-------------------------------------------------------

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
02		24		2020

Transaction ID : 44579977

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3411 Honeysuckle Road

City Ames	State IA	Zip Code 50014-4619
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2020

Transaction ID : 44579981

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<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. Fox-Rosellini, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 SW 27th Ave
Apt 1904

City Miami State FL Zip Code 33133-5323

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

Name of Employer (for Individual) UM Neurology Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2020
Transaction ID : 44579987

Amount of Each Receipt this Period 1000.00

Memo Item

B. Willis, Mary, Alissa, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 134 Mullherrin Drive

City Madison State MS Zip Code 39110-4533

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

Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2020
Transaction ID : 44579990

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 9220 Larsen Dr

City Overland Park State KS Zip Code 66214-2125

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2020
Transaction ID : 44579994

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 30
	<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. Shapiro, Robert, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1256 Whalley Road

City Charlotte	State VT	Zip Code 05445-9074
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Vermont College of Medic	Occupation (for Individual) Physician
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44579997

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5241 172nd Ave N.W

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44580000

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1710 Buckhead Ct NE

City Atlanta	State GA	Zip Code 30324-6100
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dept of Neurology Emory University	Occupation (for Individual) Neurologist
-------------------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44580061

Amount of Each Receipt this Period
501.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1001.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
<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. Vidic, Thomas, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69805 Hilltop Rd

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

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

Name of Employer (for Individual) Elkhart Clinic	Occupation (for Individual) 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
02	/	23	/	2020

Transaction ID : 44580062

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 7410 Lakeview Dr

City Eau Claire	State WI	Zip Code 54701-8329
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire	Occupation (for Individual) Physician
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2020

Transaction ID : 44580063

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4105 Misty Valley Drive

City Middleton	State WI	Zip Code 53562-1067
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2020

Transaction ID : 44611087

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<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. Siegel, Jason, Lawrence, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3770 Crossview Dr

City Jacksonville	State FL	Zip Code 32224-0861
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2020

Transaction ID : 44611096

Amount of Each Receipt this Period
1000.00

Memo Item

B. Taylor, Lynne, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Neurology

City Seattle	State WA	Zip Code 98195-0001
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2020

Transaction ID : 44670717

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 351 N Buffalo Drive
Suite B

City Las Vegas	State NV	Zip Code 89145-0301
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2020

Transaction ID : 44673311

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	37594.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Blumenthal For Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Blumenthal, Richard, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2020

FEC Identification Number

C C00492991

Transaction ID : 44561669

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Kind, Ron, , Rep.,

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00312017

Transaction ID : 44579792

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Kind, Ron, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00312017

Transaction ID : 44579793

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kansans For Marshall		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 1588		FEC Identification Number C00576173 Transaction ID : 44579794
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Marshall, Roger, , Rep.,		Amount of Each Disbursement this Period 5000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS	District: 01	

Full Name (Last, First, Middle Initial) B. Pallone For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 3176		FEC Identification Number C00226928 Transaction ID : 44579795
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Pallone, Frank, , Rep., Jr.		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 06	

Full Name (Last, First, Middle Initial) C. Friends Of Todd Young, Inc.		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 3743		FEC Identification Number C00459255 Transaction ID : 44579796
City Carmel	State IN	Zip Code 46082
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Young, Todd, Christopher, Sen.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 02	

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Matsui For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 1738		FEC Identification Number C00409219 Transaction ID : 44579797
City Sacramento	State CA	Zip Code 95812
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Matsui, Doris, , Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 06	

Full Name (Last, First, Middle Initial) B. Anna Eshoo For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address 555 Capitol Mall, Suite 400		FEC Identification Number C00258475 Transaction ID : 44579798
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Eshoo, Anna, G., Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 18	

Full Name (Last, First, Middle Initial) C. Brady For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 8277		FEC Identification Number C00311043 Transaction ID : 44579799
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Brady, Kevin, Patrick, Rep.,		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 08	

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Box 137

M M M	/	D D D	/	Y Y Y Y Y
02		28		2020

City Spokane State WA Zip Code 99210

FEC Identification Number

Purpose of Disbursement Campaign Contribution

011
Category/ Type

C	C00390476
---	-----------

Transaction ID : 44579800

Amount of Each Disbursement this Period

Candidate Name
McMorris Rodgers, Cathy, , Rep.,

2500.00

Office Sought: House Senate President
Disbursement For: 2015
 Primary General
 Other (specify) ▼

<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dick Durbin Committee

Date of Disbursement

Mailing Address P.O. Box 1949

M M M	/	D D D	/	Y Y Y Y Y
02		28		2020

City Springfield State IL Zip Code 62705

FEC Identification Number

Purpose of Disbursement Campaign Contribution

011
Category/ Type

C	C00148999
---	-----------

Transaction ID : 44579801

Amount of Each Disbursement this Period

Candidate Name
Durbin, Richard, J., Sen.,

2500.00

Office Sought: House Senate President
Disbursement For: 2015
 Primary General
 Other (specify) ▼

<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Date of Disbursement

Mailing Address PO Box 414

M M M	/	D D D	/	Y Y Y Y Y
02		28		2020

City Scranton State PA Zip Code 18501

FEC Identification Number

Purpose of Disbursement Campaign Contribution

011
Category/ Type

C	C00509968
---	-----------

Transaction ID : 44579803

Amount of Each Disbursement this Period

Candidate Name
Cartwright, Matt, A., Rep.,

1000.00

Office Sought: House Senate President
Disbursement For: 2015
 Primary General
 Other (specify) ▼

<input type="checkbox"/> Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cole For Congress			Date of Disbursement MM / DD / YYYY 02 / 28 / 2020	
Mailing Address P.O. Box 722256			FEC Identification Number C00379735 Transaction ID : 44579805	
City Norman	State OK	Zip Code 73070	Amount of Each Disbursement this Period 1000.00 Campaign Contribution	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Cole, Thomas, , Rep.,		Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District: 04			

Full Name (Last, First, Middle Initial) B. Texans For Senator John Cornyn Inc.			Date of Disbursement MM / DD / YYYY 02 / 28 / 2020	
Mailing Address PO Box 13026			FEC Identification Number C00369033 Transaction ID : 44579806	
City Austin	State TX	Zip Code 78711	Amount of Each Disbursement this Period 1000.00 Campaign Contribution	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Cornyn, John, , Sen.,		Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District:			

Full Name (Last, First, Middle Initial) C. Friends Of Mark Warner			Date of Disbursement MM / DD / YYYY 02 / 28 / 2020	
Mailing Address 1751 Potomac Greens Drive			FEC Identification Number C00438713 Transaction ID : 44579807	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1000.00 Campaign Contribution	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Warner, Mark, Robert, Sen.,		Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District:			

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr John Joyce For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address 1002 Logan Blvd Ste 114 #237		FEC Identification Number C00674259 Transaction ID : 44579808
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Joyce, John, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 13	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Mike Kelly For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 476		FEC Identification Number C00474189 Transaction ID : 44579809
City Lyndora	State PA	Zip Code 16045
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Kelly, Mike, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 16	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Friends Of Rosa DeLauro		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address 129 Church St, Ste 818		FEC Identification Number C00238865 Transaction ID : 44579810
City New Haven	State CT	Zip Code 06510
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name DeLauro, Rosa, L., Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 03	<input type="checkbox"/> Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jason Smith For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 1324		FEC Identification Number C 000541862 Transaction ID : 44579811
City Cape Girardeau	State MO	Zip Code 63702
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Smith, Jason, T., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MO District: 08	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Brian Fitzpatrick For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 939		FEC Identification Number C 000607416 Transaction ID : 44579814
City Langhorne	State PA	Zip Code 19047
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Fitzpatrick, Brian, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. David Scott For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address P.O. Box 960821		FEC Identification Number C 000369801 Transaction ID : 44579815
City Riverdale	State GA	Zip Code 30296
Purpose of Disbursement Campaign Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Scott, David, Albert, Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: GA District: 13	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	38500.00