

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

American Academy of Neurology BrainPAC

ADDRESS (number and street) **201 Chicago Avenue**

Check if different than previously reported. (ACC) **Minneapolis MN 55415**

2. **FEC IDENTIFICATION NUMBER ▼** CITY ▲ STATE ▲ ZIP CODE ▲

C C00435933

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on **MM/DD/YYYY** in the State of **CA**

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on **MM/DD/YYYY** in the State of **CA**

5. Covering Period **MM/DD/YYYY** through **MM/DD/YYYY**
09 01 2023 through **09 30 2023**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Myren, Kevin C., Mr.,**

Signature of Treasurer **Myren, Kevin C., Mr.,** Date **MM/DD/YYYY**
10 16 2023

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

Office Use Only										
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="387221.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="397738.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7878.41"/>	<input type="text" value="208895.16"/>
(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="405617.02"/>	<input type="text" value="596117.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33500.00"/>	<input type="text" value="224000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="372117.02"/>	<input type="text" value="372117.02"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	6586.41	169368.94
(ii) Unitemized	1292.00	39526.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7878.41	208895.16
(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)	7878.41	208895.16
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)).....▶	7878.41	208895.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7878.41	208895.16

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.....	33500.00	224000.00
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)) ..	33500.00	224000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33500.00	224000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7878.41	208895.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7878.41	208895.16
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"/> 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. Nair, Kavita, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8248 South Emerson Way

City Littleton	State CO	Zip Code 80122-4304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Neurologic Research
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2023

Transaction ID : 49080210

Amount of Each Receipt this Period
84.00

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 ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2023

Transaction ID : 49081445

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 235 Rosemont Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2023

Transaction ID : 49081453

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Stevens, James, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Aboite Center Rd
 City Fort Wayne State IN Zip Code 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Physicians, Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2023
Transaction ID : 49081481
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. Kilgore, Shannon, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Doud Dr
 City Los Altos State CA Zip Code 94022-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Palo Alto HCS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2023
Transaction ID : 49081482
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. 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 ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2023
Transaction ID : 49081502
 Amount of Each Receipt this Period
 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	502.00
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"/> 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

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

Mailing Address 108 E 44th St

City Savannah State GA Zip Code 31405-2111

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

Name of Employer (for Individual) Memorial Health University Medical Cen Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 49081508

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 6000 Merriweather Drive Unit 5090

City Columbia State MD Zip Code 21044-4282

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

Name of Employer (for Individual) University of Maryland Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 49081509

Amount of Each Receipt this Period 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. De Havenon, Adam, , Dr.,

Mailing Address 15 York St

City New Haven State CT Zip Code 06510-3221

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

Name of Employer (for Individual) Yale University Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 49082220

Amount of Each Receipt this Period 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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. D'Abreu, Anelysa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 Reserve Blvd
Apt 404

City Charlottesville State VA Zip Code 22901-1599

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 49082221

Amount of Each Receipt this Period 42.00

Memo Item

B. 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 ▼ 1800.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 49088340

Amount of Each Receipt this Period 200.00

Memo Item

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

Mailing Address 14107 LAKE FOREST LN

City LOUISVILLE State KY Zip Code 40245-5214

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

Name of Employer (for Individual) Baptist Medical Group Occupation (for Individual) Neurologist

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 07 / 2023
Transaction ID : 49102059

Amount of Each Receipt this Period 42.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Weathers, Allison, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8220 Woodberry Blvd
 City Chagrin Falls State OH Zip Code 44023-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1336.00

Date of Receipt 09 / 07 / 2023
Transaction ID : 49102060
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Chin, Jerome, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1046
 City Tiburon State CA Zip Code 94920-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 07 / 2023
Transaction ID : 49102061
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Antonio, Aileen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 New Town Dr NE
 City Grand Rapids State MI Zip Code 49525-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 09 / 09 / 2023
Transaction ID : 49106791
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	342.00
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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American Academy of Neurology BrainPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McCollum, David, N., Dr.,			Date of Receipt MM / DD / YYYY 09 / 09 / 2023 Transaction ID : 49106793		
Mailing Address 737 Bent Creek Dr			Amount of Each Receipt this Period 209.00		
City Lititz	State PA	Zip Code 17543-8352	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Penn Medicine LGH		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1672.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crandall, Suzanne, , Dr.,			Date of Receipt MM / DD / YYYY 09 / 09 / 2023 Transaction ID : 49106795		
Mailing Address 802 Wilkie Street			Amount of Each Receipt this Period 250.00		
City Charleston	State WV	Zip Code 25314-1059	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Saint Lukes Neurological Consultants		Occupation (for Individual) Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mittal, Shilpi, , Dr.,			Date of Receipt MM / DD / YYYY 09 / 10 / 2023 Transaction ID : 49106812		
Mailing Address 375 Rose Glen Drive			Amount of Each Receipt this Period 21.00		
City Wayne	State PA	Zip Code 19087-4410	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Thomas Jefferson University		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 439.00			

SUBTOTAL of Receipts This Page (optional).....	480.00
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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dawson, Elliot, T., Dr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2023 Transaction ID : 49107046		
Mailing Address 816 Katesford Rd			Amount of Each Receipt this Period 250.00		
City Cockeysville	State MD	Zip Code 21030-2229	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) MedStar Franklin Square Medical Center		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bickel, Jennifer, , Dr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2023 Transaction ID : 49109106		
Mailing Address 5003 W Evelyn Drive			Amount of Each Receipt this Period 100.00		
City Tampa	State FL	Zip Code 33609-3601	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Moffitt Cancer Center Magnolia Campus		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Davis, Anthony, , Dr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2023 Transaction ID : 49109107		
Mailing Address 8 Pine Forest Drive			Amount of Each Receipt this Period 100.00		
City Russellville	State AR	Zip Code 72801-4514	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Davis Neurology PLLC		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00			

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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"/> 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. Riaz, Awais, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1381 E. Hickory Lane
 City Murray State UT Zip Code 84121-2502
 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 ▼ 1881.00

Date of Receipt 09 / 15 / 2023
Transaction ID : 49115216
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Tanner, Caroline, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Acton St
 City Berkeley State CA Zip Code 94702-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PADRECC, San Francisco VAMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 49117511
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Smith, Marsha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5988 Capeview Pl
 City Mason State OH Zip Code 45040-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverhills Neuroscience Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 49117512
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

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

Mailing Address 140 Pitman Street
Apt 105

City Providence State RI Zip Code 02906-5120

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 678.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 49118228

Amount of Each Receipt this Period 42.00

Memo Item

B. 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 ▼ 1881.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 49133773

Amount of Each Receipt this Period 209.00

Memo Item

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

Mailing Address 316 Lansdowne Ave

City Decatur State GA Zip Code 30030-2801

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

Name of Employer (for Individual) Laureate Medical Group Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 49133774

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.00

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"/> 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. Mohile, Nimish, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 485 Clover Hills Drive
 City Rochester State NY Zip Code 14618-4713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1668.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 49134256
 Amount of Each Receipt this Period 417.00
 Memo Item

B. Schwartzbard, Julie, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1007 South NorthLake Dr
 City Hollywood State FL Zip Code 33019-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aventura Neurologic and Assoc. Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 49134257
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Khan, Jaffar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 Pine Ridge Rd NE
 City Atlanta State GA Zip Code 30324-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Healthcare Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 49135784
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hutchins, John, , Mr.,		Date of Receipt MM / DD / YYYY 09 / 24 / 2023
Mailing Address 201 Chicago Ave		Transaction ID : 49135910
City Minneapolis	State MN	Zip Code 55415-1126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) General Counsel	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Qazi, Faisal, M., Dr.,		Date of Receipt MM / DD / YYYY 09 / 25 / 2023
Mailing Address 1240 West Valencia Mesa Drive		Transaction ID : 49136067
City Fullerton	State CA	Zip Code 92833-2221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer (for Individual) The Neurology Group	Occupation (for Individual) Neurologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mueller, Nancy, L., Dr.,		Date of Receipt MM / DD / YYYY 09 / 25 / 2023
Mailing Address 34 Stonybrook Road		Transaction ID : 49136069
City Tenafly	State NJ	Zip Code 07670-1118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 209.00
Name of Employer (for Individual) Institute of Neurological Care	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1881.00	

SUBTOTAL of Receipts This Page (optional).....▶	351.00
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"/> 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. Busis, Neil, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1065 2nd Ave, 7J
 City New York State NY Zip Code 10022-2887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023
Transaction ID : 49136070
 Amount of Each Receipt this Period
 416.66
 Memo Item

B. Bruns, Marla, Beth, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Blue Pine Circle
 City Penfield State NY Zip Code 14526-9547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unity Rehabilitation & Neurology At Ri Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : 49139088
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Johnson, Nicholas, Elwood, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11535 GREY OAKS ESTATES RUN
 City Glen Allen State VA Zip Code 23059-5924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 49142200
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 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. 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 ▼ 3753.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 49142201
 Amount of Each Receipt this Period
 417.00
 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 ▼ 1881.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 49142203
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. Tilton, Ann, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Pelham Dr
 City Metairie State LA Zip Code 70005-4454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2023
Transaction ID : 49147436
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	710.00
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Holtz, Steven, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 Tampa Avenue
 City Oakland State CA Zip Code 94611-2620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 49147437
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Koenig, Matthew, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 Koko Head Ave
 City Honolulu State HI Zip Code 96816-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Queen's Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 07 / 2023
Transaction ID : 49147438
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Platzer, Meril, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28404 Foothill Drive
 City Agoura Hills State CA Zip Code 91301-2242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dr. Meril S. Platzer Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 07 / 2023
Transaction ID : 49147439
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Jordan, Justin, T., Dr.,

Mailing Address 3 Independence Circle

City Beverly	State MA	Zip Code 01915-1578
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 49147443

Amount of Each Receipt this Period
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Cutsforth-Gregory, Jeremy, K., Dr.,

Mailing Address 331 Wimbledon Hills Dr SW

City Rochester	State MN	Zip Code 55902-4134
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
964.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2023

Transaction ID : 49147444

Amount of Each Receipt this Period
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jones, Lyell, K., Dr.,

Mailing Address 2055 Scenic View Lane SW

City Rochester	State MN	Zip Code 55902-2575
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2023

Transaction ID : 49147445

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	198.00
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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Posas, Jose, H., Dr.,			Date of Receipt MM / DD / YYYY 09 / 24 / 2023
Mailing Address 1717 Jay St			Transaction ID : 49147448
City New Orleans	State LA	Zip Code 70122-2812	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ochsner Baptist		Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 754.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ackerman, Daniel, Joseph, Dr.,			Date of Receipt MM / DD / YYYY 09 / 28 / 2023
Mailing Address 4653 Commonwealth Dr.			Transaction ID : 49147450
City Emmaus	State PA	Zip Code 18049-1272	Amount of Each Receipt this Period 93.75
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Saint Luke's University Hospital		Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 562.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McKinnon, Jonathan, Hart, Dr.,			Date of Receipt MM / DD / YYYY 09 / 29 / 2023
Mailing Address 351 N Buffalo Drive Suite B			Transaction ID : 49147451
City Las Vegas	State NV	Zip Code 89145-0301	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Las Vegas Clinic		Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	377.75
TOTAL This Period (last page this line number only).....▶	6586.41

**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. Jamie Raskin For Congress

Mailing Address P.O. Box 5418

City
Takoma Park

State
MD

Zip Code
20913

Purpose of Disbursement

Political Contribution

011

Candidate Name

Raskin, Jamie, B., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2023

FEC Identification Number

C C00575126

Transaction ID : 49136237

Amount of Each Disbursement this Period

2500.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594

Purpose of Disbursement

Political Contribution

011

Candidate Name

Lujan, Ben, Ray, Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2023

FEC Identification Number

C C00443689

Transaction ID : 49136238

Amount of Each Disbursement this Period

2500.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

Political Contribution

011

Candidate Name

Kilmer, Derek, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2023

FEC Identification Number

C C00514893

Transaction ID : 49136239

Amount of Each Disbursement this Period

2500.00

Memo Item Political Contribution

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

Full Name (Last, First, Middle Initial)

A. Cohen For Congress

Mailing Address 349 Kenilworth Place

City
Memphis

State
TN

Zip Code
38112

Purpose of Disbursement

Political Contribution

011

Candidate Name

Cohen, Stephen, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C C00422980

Transaction ID : 49136240

Amount of Each Disbursement this Period

2000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Mad 4 Pa Pac

Mailing Address P.O. Box 444

City
Glenside

State
PA

Zip Code
19038

Purpose of Disbursement

Political Contribution

011

Candidate Name

Dean, Madeleine, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: PA District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C C00670844

Transaction ID : 49136241

Amount of Each Disbursement this Period

2000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Tony Cardenas For Congress

Mailing Address PO Box 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Political Contribution

011

Candidate Name

Cardenas, Tony, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C C00498873

Transaction ID : 49136243

Amount of Each Disbursement this Period

1500.00

Memo Item Political Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Krishnamoorthi, S. Raja, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: IL

District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

FEC Identification Number

C C00575092

Transaction ID : 49136369

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address 413 New Jersey Ave SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Kelly, Robin, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: IL

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

FEC Identification Number

C C00539866

Transaction ID : 49136370

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Jake Auchincloss For Congress

Mailing Address P.O. Box 600698

City
Newtonville

State
MA

Zip Code
02460

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Auchincloss, Jacob, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: MA

District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

FEC Identification Number

C C00721449

Transaction ID : 49136371

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Raja For Congress

Mailing Address PO Box 681202

City Schaumburg

State IL

Zip Code 60168

Purpose of Disbursement Void - Friends Of Raja For Congress

011 Category/Type

Candidate Name Krishnamoorthi, S. Raja, , ,

Office Sought: [X] House [] Senate [] President State: IL District: 08

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

MM/DD/YYYY date field: 09/26/2023

FEC Identification Number

C00575092

Transaction ID : 49136609

Amount of Each Disbursement this Period

Amount field: -1000.00

[] Memo Item Void - Friends Of Raja For Congress

Full Name (Last, First, Middle Initial)

B. Friends Of Raja For Congress

Mailing Address PO Box 681202

City Schaumburg

State IL

Zip Code 60168

Purpose of Disbursement Political Contribution-Recut of incorrect check

011 Category/Type

Candidate Name Krishnamoorthi, S. Raja, , ,

Office Sought: [X] House [] Senate [] President State: IL District: 08

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

MM/DD/YYYY date field: 09/26/2023

FEC Identification Number

C00575092

Transaction ID : 49136610

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item Political Contribution-Recut of incorrect check

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address PO Box 22074

City San Diego

State CA

Zip Code 92192

Purpose of Disbursement Political Contribution

011 Category/Type

Candidate Name Peters, Scott, Harvey, Rep.,

Office Sought: [X] House [] Senate [] President State: CA District: 52

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

MM/DD/YYYY date field: 09/26/2023

FEC Identification Number

C00503110

Transaction ID : 49136612

Amount of Each Disbursement this Period

Amount field: 1500.00

[] Memo Item Political Contribution

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

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

Amount field: 1500.00

Amount field: (empty)

**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. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement

Political Contribution

011

Candidate Name

Larson, John, B., Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

FEC Identification Number

C00330142

Transaction ID : 49136613

Amount of Each Disbursement this Period

1500.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

Political Contribution

011

Candidate Name

Buchanan, Vern, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: FL

District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

FEC Identification Number

C00412759

Transaction ID : 49136614

Amount of Each Disbursement this Period

1500.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Greg Pence For Congress

Mailing Address PO Box 275

City
Taylorsville

State
IN

Zip Code
47280

Purpose of Disbursement

Political Contribution

011

Candidate Name

Pence, Gregory, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: IN

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

FEC Identification Number

C00658401

Transaction ID : 49136616

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

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

4000.00

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. Delbene For Congress

Mailing Address PO Box 477

City Kirkland State WA Zip Code 98083

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2023

FEC Identification Number

C C00459099

Transaction ID : 49138848

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Scott, David, Albert, Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2023

FEC Identification Number

C C00369801

Transaction ID : 49138850

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. McCollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

McCollum, Betty, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: MN District: 04

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2023

FEC Identification Number

C C00354688

Transaction ID : 49138853

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Bilirakis, Gus, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C C00408534

Transaction ID : 49138854

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Angie Craig For Congress

Mailing Address P.O. Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Craig, Angela, Dawn, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C C00575209

Transaction ID : 49138863

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

Political Contribution

011
Category/
Type

Candidate Name

Kelly, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C C00474189

Transaction ID : 49138866

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

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

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Neal Dunn

Mailing Address PO Box 16088

City Panama City

State FL

Zip Code 32406

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Dunn, Neal, , Rep.,

Office Sought: [X] House, [] Senate, [] President

Disbursement For: 2024 [X] Primary, [] General, [] Other

State: FL District: 02

Date of Disbursement

Date: 09 / 26 / 2023

FEC Identification Number

C00582304

Transaction ID : 49138869

Amount of Each Disbursement this Period

1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks

State CA

Zip Code 91358

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: [X] House, [] Senate, [] President

Disbursement For: 2024 [X] Primary, [] General, [] Other

State: CA District: 26

Date of Disbursement

Date: 09 / 26 / 2023

FEC Identification Number

C00513077

Transaction ID : 49138874

Amount of Each Disbursement this Period

1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Elise For Congress

Mailing Address PO Box 500

City Glens Falls

State NY

Zip Code 12801

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Stefanik, Elise, , Rep.,

Office Sought: [X] House, [] Senate, [] President

Disbursement For: 2024 [X] Primary, [] General, [] Other

State: NY District: 21

Date of Disbursement

Date: 09 / 26 / 2023

FEC Identification Number

C00547893

Transaction ID : 49138875

Amount of Each Disbursement this Period

1000.00

[] Memo Item Political Contribution

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

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

3000.00

