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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 ▼			ing, type	12FE4N	/15		
American Academ	y of Neurol	ogy BrainP							
ADDRESS (number and stre		it NE							
Check if different than previously		gton					20002		
2. FEC IDENTIFICATIO			CITY <b>▲</b>		S	STATE 🔺	Z	P CODE	
C C00435933		3							
	Re	port	Feb 20 (M2)		May 20 (M5)	Au	g 20 (M8)	(Non	-Election
(a) Quarterly Reports:			, , , , , , , , , , , , , , , , , , ,					(Non	-Election
	port (Q1)		Apr 20 (M4)		. ,	<u> </u>	. ,		
		PRE-Election				1	· ,	Run	off (12R)
	port (Q3)	Report for th	e:	Convention	(120)	Special	(125)		
	port (YE)	EI	ection on	M M /	D D /	Y . Y . Y			
Report (Non-	election	POST-Election		General (30	G)	Runoff	(30R)	Spe	cial (30S)
	Report	·							DC
5. Covering Period				through				Ŷ	
-	Engel,			wledge and	belief it is true	e, correct a	nd complete.		
Signature of Treasurer	Engel, Timothy J.	, , Mr.,		[Electronicall	ly Filed] Da	ate 12	M / D 06		y y y 018
NOTE: Submission of false,	erroneous, or in	complete inform	nation may su	bject the per	rson signing thi	is Report to	the penalties	of 52 U.S.	C. § 30109
Office Use Only								FORM ( . 05/2016	3X

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x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC М M D D M D N 10 18 2018 11 26 2018 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand Y 264505.25 Januarv 1. 2018 (b) Cash on Hand at 144147.03 Beginning of Reporting Period..... 39697.48 337599.26 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 602104.51 183844.51 6(a) and 6(c) for Column B)..... 2000.00 420260.00 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 181844.51 181844.51 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### American Academy of Neurology BrainPAC

Report Covering the Period: From:	18 2018 To	p: 11 26 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	24671.48	238893.08
(ii) Unitemized	15026.00	93206.18
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	39697.48	332099.26
(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)▶	39697.48	332099.26
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Lean Departmente Dessived	0.00	0.00
I. Loan Repayments Received		
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		
5. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	EE00.00
Political Committees	0.00	5500.00
(Dividende Interest etc.)		0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	39697.48	337599.26
. Total Federal Receipts		
(subtract Line 19(a) from Line 10)	39697 48	337500.26

(subtract Line 18(c) from Line 19).....▶

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		337599.26	
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Page 3

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page <b>4</b>
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	420000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	260.00
(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	260.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	420260.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2000.00	420260.00

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	)
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#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

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	į.	-	1		-	39697.48
					,	0.00
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<u> </u>		-7-			-7-	0.00

332099.26 260.00 331839.26 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date

#### Page 5

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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	EIVIIZED RECEIFIS		Detailed Summary Page	×	11a		11b	11c		12				
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\backslash$	NAME OF COMMITTEE (In Full)													
	American Academy of Neurolog	y BrainP	AC											
Α.	Full Name of Individual (Last, First, Middle Ini Loftus, Brian, D., Dr.,	Date of Receipt												
	Mailing Address 6700 West Loop S Ste 330				10 19 / Y Y Y Y 10 19 2018									
	City	State	Zip Code		Trans	sac	tion ID	: 42742	201					
	Bellaire	ТХ	77401-4138	_	Amoun	t of	f Each	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>					250.	00			
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	lem	o Item							
	Bellaire Neurology, PA	Neu	ologist		_									
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		11.										
	Other (specify) <b>v</b>		1000.00											
	Full Name of Individual (Last, First, Middle Ini Finney, Glen, R., Dr.,		Date o	f R	eceipt									
	Mailing Address 828 Homestead Dr				10 <sup>M</sup>	1	/ D 20		2	018	Y			
	City	State	Zip Code		Transaction ID : 42751701									
	Dallas	PA	18612-7227		Amoun	t of	f Each	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С			208.34									
	Name of Employer (for Individual) Geisinger Specialty Clinic		pation (for Individual) avioral Neurology		M	lem	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 2083.40											
с.	Full Name of Individual (Last, First, Middle Ini Jones, Lyell, K., Dr.,	tial) or Full Or	ganization Name		Date o	f R	eceipt							
	Mailing Address 2055 Scenic View Lane SW				<sup>M</sup> 10	1	/ D 20			018 <sup>°</sup>	Y			
	City	State	Zip Code		Trans	sac	tion ID	: 42751	702					
	Rochester	MN	55902-2575		Amoun	t of	f Each	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,		84.	00			
	Name of Employer (for Individual) Mayo Clinic		pation (for Individual) ologist		N	lem	io Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General	00 - 0		1										
	Other (specify)		840.00											
s	UBTOTAL of Receipts This Page (optional)									542.3	34			

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Use separate schedule(s)

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NAME OF COMMITTEE (In Full)	_															
American Academy of Neurolo	ogy BrainP	AC														
Full Name of Individual (Last, First, Middle I Barnes, J., Todd, Mr.,	nitial) or Full O	rganization Name	D	Date of Receipt												
Mailing Address 3924 Pimlico Drive																
City	State	Zip Code		Transaction ID : 42751703												
Norman	OK	73072-6521	Amount of Each Receipt this Period													
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Name of Employer (for Individual) OU Department of Neurology		upation (for Individual) iness Administrator		Me	emo	) Ite	m									
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Primary General Other (specify) ▼																
Full Name of Individual (Last, First, Middle I B. Lewis, Steven, L., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lewis, Steven, L., Dr.,							Date of Receipt								
Mailing Address 806 Timber Hill Road				10 20 2018												
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Highland Park	IL	60035-5121				-			his Period	d						
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Name of Employer (for Individual) Lehigh Valley Health Network		upation (for Individual) /sician		Me	emo	) Ite	m									
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Name of Employer (for Individual) Univ. SC SOM, Greenville		upation (for Individual) rologist		Me	emo	o Ite	em									
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# SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

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PAGE 8 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a   13	a		11   14	1b 4		11c 15	12	Γ	17	
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$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	/ BrainP	٩ć	2												
Α.	Full Name of Individual (Last, First, Middle Initia Henninger, Heidi, L., Dr., Mailing Address 492 W Elm Street	al) or Full C	)rga	nization Name		Date of Receipt										
	City	State		Zip Code		10 20 2018 Transaction ID : 42751710										
	Yarmouth FEC ID number of contributing federal political committee.	МЕ	-	04096-8119	Amount of Each Receipt this Period											
	Name of Employer (for Individual) Maine Neurology			tion (for Individual) ogist	Memo Item											
	Receipt For: Primary General Other (specify) ▼	or: hary General Aggregate Year-to-Date ▼														
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clarke, Teryn, B., Dr.,							Date of Receipt								
	Mailing Address 1309 Mariners Dr								10 / Y Y Y Y 20 2018							
	City Newport Beach	State CA		Zip Code 92660-4929		Transaction ID : 42751713 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) Clarke Neurology			ttion (for Individual) ogist			Me	emo	) It	em						
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C.	Full Name of Individual (Last, First, Middle Initia Merino, Rodrigo, R., Dr.,	al) or Full C	Drga	nization Name	C	Date of Receipt										
	Mailing Address N 1691 S. Washington Rd	State		Zip Code	_ [											
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	Name of Employer (for Individual) Aspirus, Wausau, WI Receipt For:	Occ Neu		Memo Item												
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NAME OF COMMITTEE (In Full)		A.C.												
American Academy of Neu	Tology BrainP	AC												
Full Name of Individual (Last, First, Mic Ichord, Rebecca, N., Dr.,	Idle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 2320 Pine ST				м м 10	/	D 2	0	/ Y	Y Y 2018	Y				
City Philadelphia	State PA	Zip Code 19103-6415						275171						
		19105-0415	A	mount	of	Each	Re	ceipt th	nis Period					
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Name of Employer (for Individual) Perelman School of Medicine of the Uni		upation (for Individual) rologist		Me	emo	Item								
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Full Name of Individual (Last, First, Mic B. Blue, Susan, K., Dr.,	Idle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 11780 NOrth Court				м м 10	/	D 2	D 20	/ Y	2018	Y				
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Name of Employer (for Individual) Neurological Services of Texas, P.A.		upation (for Individual) Irologist	Memo Item											
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Mailing Address 401 Harrison St Apt 42A	1			<sup>M</sup> 10	1	D 2	.D	/ Y	2018	Ŷ				
City	State	Zip Code						275173						
San Francisco	CA	94105-2797	A	mount	of	Each	Re	ceipt th	nis Period					
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Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	ltem								
Self-Employed	Neu	rologist												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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			Detailed Summary Page		_	11a		11b	11c		12	_		
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)													
	American Academy of Neurolog	y BrainF	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini Koenig, Matthew, A., Dr.,	tial) or Full (	Drganization Name		D	ate of	f Re	eceipt						
	Mailing Address 1416 Koko Head Ave			10 / Y Y Y Y 2018										
	City	State	Zip Code		-	Trans	act	ion ID :	4275173	35				
	Honolulu	HI	96816-3234	_	Aı	moun	t of	Each F	Receipt th	nis F	Period			
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	Name of Employer (for Individual)	Occ	cupation (for Individual)		ſ	M	emc	o Item						
	The Queen's Medical Center		urologist		1									
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	Other (specify) ▼	L	1250.00											
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	Mailing Address 12749 Wolf Snare Dr.				Γ	<sup>™</sup> 10	1	D 1	о / Y	Y 20	)18	Y		
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	Frisco	ТХ	75035-7047		Aı	moun	t of	Each F	Receipt tl	nis F	Period			
	FEC ID number of contributing federal political committee.	C			ļ				 		42.0	)0		
	Name of Employer (for Individual) University of Texas Southwestern Clini		cupation (for Individual) urologist		ŀ	Μ	emo	o Item						
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		420.00											
	Full Name of Individual (Last, First, Middle Ini Stevens, James, C., Dr.,	tial) or Full (	Drganization Name		D	ate of	f Re	eceipt						
	Mailing Address 12112 Aboite Center Rd				Γ	10 <sup>M</sup>	/	21			)18 )	Y		
	City	State	Zip Code			Trans	act	ion ID :	427517	37				
	Fort Wayne	IN	46814-9528		A	moun	t of	Each F	Receipt th	nis F	Period			
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	Name of Employer (for Individual) Allied Physicians, Inc.		cupation (for Individual) /sician			М	emo	o Item						
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	Primary General	55 . 5												
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## SCHEDULE A (FEC Form 3X) DECEIDE

Use separate schedule(s)

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NAME OF (	COMMITTEE (In Full)													
America	an Academy of Neurolo	gy BrainP	AC											
Full Name of A. Avitzur, O	of Individual (Last, First, Middle Ir Orly, , Dr.,	nitial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 815 Old Sleepy Hollow Rd E City Briarcliff FEC ID number of contributing federal political committee. Name of Employer (for Individual) Orly Avitzur, MD, PC				10 / 21 / 2018 Transaction ID : 42751748									
City Briarcliff		State NY	Zip Code 10510-2543						<b>18</b> nis Period					
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	ress 15 North Legend Road		Zip Code		10 <sup>M</sup>	/	D D 21	/ Y	2018	Ŷ				
City		State PA	Transaction ID : 42751751 Amount of Each Receipt this Period											
Shavertown		PA	18708-9310	Amount of Each Receipt this Period										
	nber of contributing ical committee.	С	250.0											
	nployer (for Individual) ealth System	Occ Neu		Me	mo li	tem								
Receipt For	:	Aggregate	Year-to-Date V											
Other	ry General (specify) ▼		250.00	]										
	of Individual (Last, First, Middle Ir Eddie, L., Dr.,	nitial) or Full O	rganization Name	Dat	te of	Rece	eipt							
	ress 1819 Solana Springs Drive				10 <sup>M</sup>	/	D D 22	/ Y	2018	Y				
City Sugar Land	1	State TX	Zip Code 77479-5558					275179 ceipt th	<b>96</b> nis Period					
	nber of contributing ical committee.	С			_	,		, ,	45.	00				
Mischer Neu	nployer (for Individual) uroscience Associates		upation (for Individual) sician		Me	mo l	tem							
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 450.00	1										
	f Receipts This Page (optional) Period (last page this line number				-				795.	00				

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗡 11a 🗌 11b 🗍
Detailed Summary Lage	

TC			Use separate schedule(s)	(check only one)										
			for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12		17		
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1	AME OF COMMITTEE (In Full)													
∕ A	merican Academy of Neurology	/ BrainP	AC											
	III Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name											
	Khan, Jaffar, , Dr.,			Date of Receipt										
M	ailing Address 292 Riverford Way			10 / 23 / Y Y Y Y 2018										
Ci	•	State	Zip Code		Trans	sact	ion ID	):42	276247	5				
	awrenceville	GA	30043-6416	A	moun	t of	Each	Rec	eipt th	nis Perio	od			
	EC ID number of contributing deral political committee.	С		84.00										
N	ame of Employer (for Individual)	Оссі	upation (for Individual)	- F	М	emc	ltem	1						
E	mory Healthcare	Neu	rologist											
R	eceipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		940.00	11										
	Other (specify) <b>v</b>		840.00											
	ull Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name											
	lenson, John, W., Dr.,			D	ate o	f Re	eceipt							
	ailing Address 4785 Kitty Hawk Drive	1-	Zip Code		10 <sup>M</sup>	/	2	23	/ Y	2018				
Ci		State GA						76247						
	tlanta	GA	30342-2506	A	moun	t of	Each	Rec	eipt th	nis Perio	od	_		
	EC ID number of contributing deral political committee.	C	50.00											
	ame of Employer (for Individual) edmont Healthcare, Inc.		upation (for Individual) sician		М	emo	ltem	I						
R	eceipt For:	Aggregate	Year-to-Date V											
	Primary General			11										
	Other (specify) <b>v</b>	L	, 500.00	1										
	III Name of Individual (Last, First, Middle Initia Cedarbaum, Jesse, M., Dr.,	al) or Full O	rganization Name	D	ate o	f Re	eceipt							
Μ	ailing Address 16 Old Barnabas Rd				M M	/		D	/ Y	Y Y		1		
	* /	State	Zip Code	- 4	10 <b>T</b> asaa		the second se	23	70047	2018				
Ci V	Voodbridge	CT	06525-1923						276247	nis Perio	od			
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	deral political committee.	C		ļĻ	-		y		y	6	50.00	_		
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	iogen	Neu	rologist											
R I	eceipt For: Primary General	Aggregate	Year-to-Date ▼											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page	×	11a		11b	11c		12						
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American Academy of Neur	ology BrainP	٨٢													
American Academy of Neur	ology brainf														
Full Name of Individual (Last, First, Mido A. Busis, Neil, A., Dr.,	dle Initial) or Full C	rganization Name													
			Date of Receipt												
Mailing Address 6934 Rosewood St															
City	State	Zip Code		Trans	acti	ion ID :	427624	178							
Pittsburgh	PA	15208-2639	Amount of Each Receipt this Period												
FEC ID number of contributing	С		- I I					-	278 (	0					
federal political committee.	C		278.00												
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item									
UPP Department of Neurology-Shadyside	Phy	sician													
Receipt For:	Aggregate	Year-to-Date <b>V</b>													
Primary General		2780.00	11												
Other (specify) ▼		2700.00	4												
Full Name of Individual (Last, First, Mido	dle Initial) or Full C	rganization Name													
B. Patel, Anup, D., Dr.,				Date of	Re	eceipt									
Mailing Address 1834 Chateaugay Way				м м 10	1	23		20 20	) 18	Y					
City	State	Zip Code		Trans	acti	on ID :	427624	79							
Blacklick	OH	43004-8001	Amount of Each Receipt this Period												
FEC ID number of contributing	С		42.00												
federal political committee.	U			_		-		_	42.0						
Name of Employer (for Individual)	000	upation (for Individual)		Me	emo	Item									
Nationwide Children's Hospital and the		urologist													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			11												
Other (specify) <b>v</b>		, 420.00													
Full Name of Individual (Last, First, Mido	dle Initial) or Full C	rganization Name													
C. Bickel, Jennifer, , Dr.,				Date of	Re	eceipt									
Mailing Address 3400 SW 22nd Street				<sup>M</sup> M 10	1	23			018	Y					
City	State	Zip Code	- 1	Trans	act	ion ID :	427624	182	-						
Blue Springs	MO	64015-7617	A	mount	of	Each F	Receipt	this F	Period						
FEC ID number of contributing	C		11						100.0	0					
federal political committee.	C			_	-	y .	. y	_	100.0						
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emc	ltem									
Childrens Mercy Hospital Neurology	Neu	rologist													
Receipt For:	Aggregate	Year-to-Date 🔻													
Primary General		900.00	1												
Other (specify)		900.00													
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SUBTOTAL of Receipts This Page (option	al)								420.0	0					
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Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17											
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) American Academy of Neul	rology BrainP	AC												
Full Name of Individual (Last, First, Mid A. Kass, Joseph, S., Dr.,	dle Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 4903 Valerie	State	Zip Code	10 23 2018 Transaction ID : 42762489											
Bellaire	TX	77401-5707	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 84.00											
Name of Employer (for Individual) Baylor College of Medicine		upation (for Individual) sician	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	]											
Full Name of Individual (Last, First, Mid B. Stavros, Kara, , Dr.,	dle Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 2 Regency Plaza Apt 808			M M / D D / Y Y Y Y 10 23 2018											
City Providence	State RI	Zip Code 02903-3150	Transaction ID : 42803328 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		100.00											
Name of Employer (for Individual) Brown Neurology		upation (for Individual) urologist	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]											
Full Name of Individual (Last, First, Mid C. Moschonas, Constantine, , D		organization Name	Date of Receipt											
Mailing Address 8113 E Del Cuarzo Dr			10 / D D / Y Y Y Y Y 2018											
City Scottsdale	State AZ	Zip Code 85258-2254	Transaction ID : 42803653 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C													
Name of Employer (for Individual) Four Peaks Neurology		upation (for Individual) sician	Memo Item											
Receipt For:		Year-to-Date ▼												
Other (specify)		3000.00	]											
SUBTOTAL of Receipts This Page (option	nal)		934.00											
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# SCHEDULE A (FEC Form 3X)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC										
American Academy of Neuron	bgy braini											
Full Name of Individual (Last, First, Middle <b>A.</b> Song, Sarah, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2045 W. Concord Place, #4	105		10 / Y Y Y Y Y 24 2018									
City Chicago	State IL	Zip Code 60647-5481	Transaction ID : 42803654 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		105.00									
Name of Employer (for Individual) Rush University Medical Center		upation (for Individual) Irologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1071.00	]									
Full Name of Individual (Last, First, Middle B. Popwell, Richard, Earl, Dr., Jr.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 42 E. Fieldview Circle			10 24 2018									
City Bozeman	State MT	Zip Code 59715-7180	Transaction ID : 42803655 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		125.00									
Name of Employer (for Individual) Bozeman Health Neurosciences		upation (for Individual) rsician	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		500.00	]									
Full Name of Individual (Last, First, Middle C. Ghacibeh, Georges, A., Dr.,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 47 Birch St			M M / D D / Y Y Y Y 10 24 2018									
City Englewood Cliffs	State NJ	Zip Code 07632-1519	Transaction ID : 42803657 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Progressive Neurology		upation (for Individual) rologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00										
SUBTOTAL of Receipts This Page (optional).			272.00									
TOTAL This Period (last page this line number	er only)											

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 16 OF

TEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c	12	1							
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American Academy of I	Neurology BrainP	AC														
A. Full Name of Individual (Last, Firs Gilmer, William, S., Dr.,	· ·	Organization Name		ate of	Re	ceipt										
Mailing Address 2323 Dunstan Rd	1	7.0.0.1	10 / 24 2018 Transaction ID : 42803662													
City Houston	State TX	Zip Code 77005-2613	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C		85.00													
Name of Employer (for Individual) Willam S Gilmer MD PA		upation (for Individual) Irologist		Me	mo	ltem										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]													
Full Name of Individual (Last, Firs Mueller, Nancy, L., Dr.,		Organization Name	Da	ate of	Re	ceipt										
Mailing Address 34 Stonybrook Ro			IV	10	/	D D D 24	/ Y	2018	Y							
City Tenafly	State NJ	Zip Code 07670-1118	Transaction ID : 42803663 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C		416.74													
Name of Employer (for Individual) Institute of Neurological Care		upation (for Individual) /sician	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4167.40	]													
Full Name of Individual (Last, Firs Brashear, Allison, , Dr.,	t, Middle Initial) or Full C	Organization Name	Da	ate of	Re	ceipt										
Mailing Address 208 Hadley Ct			N	10 <sup>M</sup>	/	25	/ Y	2018	Y							
City Winston Salem	State NC	Zip Code 27106-4489				on ID : 4 Each Re										
FEC ID number of contributing federal political committee.	C					, i			0.00							
Name of Employer (for Individual) Wake Forest University		upation (for Individual) rologist		Me	mo	Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	]													
SUBTOTAL of Receipts This Page	(optional)					, .	. ,	58	1.74							
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	EMIZED RECEIPTS			Detailed Summary Page	×			-	1b		11c	12	<u> </u>				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar								se of								
	NAME OF COMMITTEE (In Full)		uure	ss of any political committee	10 50	non col	and	Juli		101	III SUCH	COMMIN					
$\rangle$	American Academy of Neurology E	BrainP	AC														
Α.	Full Name of Individual (Last, First, Middle Initial) Coffman, Keith, , Dr.,	or Full O	rgar	nization Name		Date of Receipt											
	Mailing Address 4119 W. 94th Terrace				M       M       M       P       P       Y												
	,	State KS		Zip Code 66207-2713													
	FEC ID number of contributing federal political committee.	0															
	Name of Employer (for Individual) Children'S Mercy Hospitals and Clinics	Occu Self	•	ion (for Individual)		M	emo	o It	em								
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 500.00													
B.	Full Name of Individual (Last, First, Middle Initial) Sanders, Amy, E., Dr.,	or Full O	rgar	nization Name		Date of	Re	ece	eipt								
	Mailing Address 4588 Cascades Drive					<sup>M</sup> 10	/	I	D D 25	2	/ Y	2018	Y				
	City Annius	State NY		Zip Code 13104-2369							804695 eipt thi	5 is Period					
	FEC ID number of contributing federal political committee.		100.00 Memo Item														
	Name of Employer (for Individual) SUNY - Upstate Medical University	Occu Neu															
	Receipt For:     Age       Primary     General       Other (specify) ▼	ggregate															
с.	Full Name of Individual (Last, First, Middle Initial) McFarland, Nikolaus, , Dr.,	or Full O	rgar	nization Name		Date of	Re	ece	eipt								
	Mailing Address 9416 SW 32nd Ln			1		10 <sup>M</sup>	1		25	J		2018	Y				
	City Gainesville	State FL		Zip Code 32608-7925							280469 eipt thi	7 is Period					
	FEC ID number of contributing federal political committee.	0						,			5	21.	00				
	Name of Employer (for Individual) University of Florida	Occu Neur	•	ion (for Individual) gist		M	emc	o li	tem								
	Receipt For:     Ag       Primary     General       Other (specify)	ggregate	Yea	ar-to-Date ▼ 230.00													
s	UBTOTAL of Receipts This Page (optional)							ļ		ļ		171.	00				
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(check only one)

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ITEIMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP/	AC	
Full Name of Individual (Last, First, Midd Cha, Yoon-Hee, , Dr., Mailing Address 4313 South Retana Aver		ganization Name	Date of Receipt
City	State	Zip Code	10 25 2018 Transaction ID : 42804702
Broken Arrow	OK	74011-1398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Laureate Institute for Brain Research		pation (for Individual) ologist	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 672.00	
Full Name of Individual (Last, First, Midd B. Govindarajan, Raghav, , Dr.,	lle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 103 Knollwood CT			10 25 2018
City	State	Zip Code	Transaction ID : 42804705
Columbia	MO	65203-6907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		112.00
Name of Employer (for Individual) University of Missouri		ipation (for Individual) dent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 784.00	
Full Name of Individual (Last, First, Midd C. Morris, John, C., Dr.,	lle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 750 South Hanley Rd, U	nit # 50		M M / D D / Y Y Y Y 10 23 2018
City Clayton	State MO	Zip Code 63105-2695	Transaction ID : 42804975
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Washington University	Occu Phys	pation (for Individual) ician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	•••••	696.00

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FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
angle American Academy of Neur	ology BrainP	AC											
Full Name of Individual (Last, First, Mide A. Hexter, Daniel, , Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 122 Defense Hwy Ste 2			10 / Y Y Y Y 25 / 2018										
City Annapolis	State MD	Zip Code 21401-7071	Transaction ID : 42805029 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.00										
Name of Employer (for Individual) Annapolis Neurology Associates Receipt For:		upation (for Individual) Irologist	Memo Item										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
Full Name of Individual (Last, First, Mide 3. Barkhaus, Paul, E., Dr.,	dle Initial) or Full C	rganization Name	Date of Respire										
Mailing Address 730 E Sylvan Ave			Date of Receipt										
City	State	Zip Code	Transaction ID : 42805227										
Milwaukee	WI	53217-5350	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		150.00										
Name of Employer (for Individual) Medical College of Wisconsin		upation (for Individual) urologist	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary     General       Other (specify) ▼		250.00	]										
Full Name of Individual (Last, First, Mide C. Reynolds, Wesley, D., Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3735 Yates St			10 / Y Y Y Y 10 26 2018										
City Denver	State CO	Zip Code 80212-2040	Transaction ID : 42805244										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer (for Individual) Centura Health		upation (for Individual) rologist	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00	]										
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		750.00										

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## SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ne	eurology BrainP	AC	
Full Name of Individual (Last, First, I A. Cardenas, Javier, , Dr.,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4135 N. 33rd St.			10 / Y Y Y Y 26 2018
City Phoenix	State AZ	Zip Code 85018-4724	Transaction ID : 42805245           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, I B. Kopinski, Jason, , Mr.,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 201 Chicago Ave			10 26 2018
City Minneapolis	State MN	Zip Code 55415-1126	Transaction ID : 42805249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		91.00
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) buty Executive Director	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 819.00	]
Full Name of Individual (Last, First, I C. Gao, Xiao-Ke, , Dr.,	Viddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 102 Sheephill Road			10 26 / Y Y Y Y
City Riverside	State CT	Zip Code 06878-1121	Transaction ID : 42805251 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Eastern Comprehensive Medical Serv Receipt For:	rices Neu	upation (for Individual) rologist Year-to-Date ▼	Memo Item
Other (specify)		900.00	]
SUBTOTAL of Receipts This Page (op	tional)		233.00
TOTAL This Period (last page this line	number only)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				Detailed Summary Page	×	•	l1a		1	l1b			11c		12	
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or	y information copied from such Reports and Staten for commercial purposes, other than using the nar															
	NAME OF COMMITTEE (In Full)															
	American Academy of Neurology E	BrainP		;												
Α.	Full Name of Individual (Last, First, Middle Initial) Prusinski, Christopher, , Dr.,	or Full O	)rga	nization Name		Da	ite of	Re	ece	əip	t					
	Mailing Address 119 Lansing Island					N	10 <sup>M</sup>	/	l		26	>	/ Y		018	Y
	,	State FL		Zip Code									80525			
	Indian Harbour Beach	L.		32937-5354		An	nount	of	Ea	acl	n R	lec	eipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	C	_						,		_	_	-	_	220.	00
	Name of Employer (for Individual) Www.Neuro-Speed.com		•	tion (for Individual) ogist			Me	emo	b l'	ter	n					
	Bassint For:			ar-to-Date <b>V</b>												
	Primary General	ggregate	100		11.											
	Other (specify)		7	2064.00	4											
	Full Name of Individual (Last, First, Middle Initial) Sermersheim, Michael, A., Dr.,	or Full O	)rga	nization Name		Da	ite of	Re	ece	eip	t					
	Mailing Address 1253 Eagle Crest Dr					īv	10	/	ľ		26		/ Y		) 18	Y
	City	State		Zip Code		Т	rans	acti	ior	n l'	<b>D</b> :	42	80525	7		
	Greenwood	IN		46143-8325		An	nount	of	Ea	acl	h R	lec	eipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	C	_						,	_	_	-	-7	_	84.0	00
	Name of Employer (for Individual) JWM Neurology		•	tion (for Individual) ogist			Me	emo	b l'	ter	n					
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	Full Name of Individual (Last, First, Middle Initial) Beltran, Dario, , Dr.,	or Full O	)rga	nization Name		Da	ite of	Re	ece	eip	t					
	Mailing Address 4805 Briarwood Ave Apt 303					N	10 <sup>M</sup>	/	l		26		/ Y		)18 <sup>°</sup>	Y
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## SCHEDULE A (FEC Form 3X)

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC	
Full Name of Individual (Last, First, Middle A. Richie, Bunnie, F., Dr.,	e Initial) or Full O	organization Name	Date of Receipt
Mailing Address 26024 N Horseshoe Trail			10 / Y Y Y Y 26 2018
City Scottsdale	State AZ	Zip Code 85255-1490	Transaction ID : 42805259 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Bunnie F. Richie, DO, PLC		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00	]
Full Name of Individual (Last, First, Middle B. Lowden, Max, R., Dr.,	Initial) or Full O	organization Name	Date of Receipt
Mailing Address 116 Scenic Ridge Drive			10 26 2018
City Hummelstown	State PA	Zip Code 17036-6901	Transaction ID : 42805260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Penn State Hershey Medical Center		upation (for Individual) urologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Middle C. Brandes, David, W., Dr.,	Initial) or Full O	organization Name	Date of Receipt
Mailing Address 106 Autumn Woods Drive			10 / Y Y Y Y 27 2018
City Sweetwater	State TN	Zip Code 37874-6482	Transaction ID : 42806884 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Hope Neurology		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	]
SUBTOTAL of Receipts This Page (optional	)		211.00
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or for commercial purposes, other than usi															
NAME OF COMMITTEE (In Full)															
American Academy of Neur	ology BrainP	AC													
Full Name of Individual (Last, First, Mide A. Villa, Kenneth, J., Dr.,	dle Initial) or Full O	rganization Name	C	ate of	Re	ceipt	t								
Mailing Address 4056 Saint James Pl		10 27 Y Y Y Y Y													
City	State	Zip Code	Transaction ID : 42806885 Amount of Each Receipt this Period												
San Diego	CA	92103-1630	A	mount	of	Each	n Re	ceipt th	is Period						
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Name of Employer (for Individual) Sharp Rees Stealy Medical Group		upation (for Individual) rologist		Me	emo	lten	n								
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Mailing Address 330 E 38th Street Apt 14D				<sup>M</sup> 10	/		27	/ Y	ү 2018	Y					
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New York	NY	10016-2768	A	mount	of	Each	n Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	C			_		7		-9	225.	00					
Name of Employer (for Individual) New York University		upation (for Individual) Irologist		Me	emo	lten	n								
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Other (specify) ▼		2250.00	]												
Full Name of Individual (Last, First, Mide C. Platzer, Meril, S., Dr.,	lle Initial) or Full O	rganization Name		ate of	Re	eceipt	t								
Mailing Address 28404 Foothill Drive				<sup>™</sup> 10	1		27	/ Y	2018	Y					
City	State CA	Zip Code						280688							
Agoura Hills		91301-2242	A	mount	of	Each	n Re	ceipt th	is Period						
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Name of Employer (for Individual) Dr. Meril S. Platzer		upation (for Individual) sician		Me	emo	lter	n								
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Other (specify)		900.00													
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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Any information copied from such Reports	and Statements m	av not be sold or used by any n	erson fo	13 or the		14		15 oliciting	16	17 Itions				
or for commercial purposes, other than us														
American Academy of Neu	rology BrainP	AC												
Full Name of Individual (Last, First, Mi A. Kissela, Brett, M., Dr.,	rganization Name	D	ate of	Re	eceip	ot								
Mailing Address 9878 Zig Zag Road	10 / D D / Y Y Y Y 2018													
City Montgomery	State	Zip Code 45242-6311	Transaction ID : 42806892											
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
Name of Employer (for Individual) University of Cincinnati Hospital		upation (for Individual) rologist	- [	Me	emo	lte	m							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2090.00												
Full Name of Individual (Last, First, Mie B. Schwarz, Heidi, B., Dr.,	ddle Initial) or Full C	rganization Name	D	ate of	Re	eceip	ot							
Mailing Address 90 Gorham St				<sup>M</sup> 10	1	D	28	/ Y	2018	Y				
City Canandaigua	State NY	Zip Code 14424-1805				-		<b>280703</b> ceipt th	<b>9</b> iis Period	 				
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Full Name of Individual (Last, First, Mic C. Greeley, David, R., Dr.,	ddle Initial) or Full C	rganization Name	D	ate of	Re	eceip	ot							
Mailing Address 1125 E 27th Avenue				<sup>™</sup> 10	/	D	28	/ Y	2018 <sup>°</sup>	Y				
City Spokane	State WA	Zip Code 99203-3348				-		<b>280704</b> ceipt th	is Period					
FEC ID number of contributing federal political committee.	С			_		y		y	84.	_				
Name of Employer (for Individual) Northwest Neurological, PLLC		upation (for Individual) sician		Me	emo	b Ite	m							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 924.00	1											
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PAGE 25 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b		11c 15	12	17					
Any information copied from such Reports an or for commercial purposes, other than using				or the p		pose		oliciting	contribu	tions					
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainP	AC													
Full Name of Individual (Last, First, Middle Potts, Daniel, C., Dr., Mailing Address 136 Covey Chase	Initial) or Full C	rganization Name	Date of Receipt												
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FEC ID number of contributing federal political committee.	C					-		-7-	150.	00					
Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce		upation (for Individual) sician		Me	emo	lter	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00													
Full Name of Individual (Last, First, Middle Gamaldo, Charlene, , Dr.,	Initial) or Full C	rganization Name		ate of	Re	ceip	ot								
Mailing Address 7511 Morris Street				м м 10	/	D	28	/ Y	y y 2018	Y					
City Fulton	State MD	Zip Code 20759-2307				-		2 <b>80704</b> : ceipt th	<b>3</b> iis Period						
FEC ID number of contributing federal political committee.	С		ļ			,	_	-9	42.	00					
Name of Employer (for Individual) Johns Hopkins University		upation (for Individual) Irologist		Me	emo	lter	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00													
Full Name of Individual (Last, First, Middle C. Cohen, Bruce, H., Dr.,	Initial) or Full C	rganization Name		ate of	Re	ceip	ot								
Mailing Address 3141 Neille Lane				<sup>M</sup> 10	/		28		ү ү 2018	Y					
City Twinsburg	State OH	Zip Code 44087-3808				-		280704							
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Name of Employer (for Individual) Children's Hospital Medical Center of		upation (for Individual) sician		Me	emo	lter	m								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00													
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	American Academy of Neurology		ч <b>с</b>														
Α.	Full Name of Individual (Last, First, Middle Initia Jones, Elaine, C., Dr.,	l) or Full O	rganization Name			Date of Receipt											
	Mailing Address 28 West National Blvd							D 28		/ Y	ү ү 2018	Y					
	City	State SC	Zip Code							80704							
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	Name of Employer (for Individual) Specialists On Call	Occu Reti	ipation (for Individual) ed			Me	emo	Item									
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	Primary General			66.60													
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в.	Full Name of Individual (Last, First, Middle Initia Jung Henson, Lily, , Dr.,	l) or Full O	rganization Name			Date of	Re	ceipt									
	Mailing Address 4785 Kitty Hawk Drive				10 / Y Y Y Y 2018												
	City	State	Zip Code			Transa	actio	on ID :	42	807046	5						
	Atlanta	GA	30342-2506		A	mount	of	Each F	Rec	eipt thi	s Period						
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	Name of Employer (for Individual) Piedmont Henry Hospital	Occupation (for Individual) Physician Aggregate Year-to-Date ▼					Memo Item										
	Other (specify)		<b>4</b>	66.60													
С.	Full Name of Individual (Last, First, Middle Initia Urion, David, K., Dr.,	l) or Full O	rganization Name			Date of	Re	ceipt									
	Mailing Address 3 Pierce Hill Road					<sup>M</sup> 10	/	28		/ Y	2018	Y					
	City	State	Zip Code							280705							
	Lincoln	MA	01773-3201	_	A	mount	of	Each F	Rec	eipt thi	s Period						
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	Name of Employer (for Individual) Children'S Hospital Boston		pation (for Individual) ologist			Me	emo	Item									
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American Academy of Neurol	ogy BrainP	AC												
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Mailing Address 12926 Treaty Line St														
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Carmel	IN	46032-8382		Amount	of	Eac	h Re	ceipt th	is Perio	d				
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Name of Employer (for Individual) JWM Neurology PC		upation (for Individual) Irologist		Me	emo	) Iter	m							
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Full Name of Individual (Last, First, Middle <b>B. Thomas, Azreena, B., Dr.</b> ,	Initial) or Full C	rganization Name		Date of	Re	eceip	ot							
Mailing Address 13651 Treasure Trail				M M	/	D	01	/ Y	2018	Y				
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San Antonio	ТХ	78232-3508		Amount	of	Eac	h Re	ceipt th	is Perio	d				
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Name of Employer (for Individual) Azreena B. Thomas, MD, PA		upation (for Individual) ⁄sician		Me	emo	) Iter	m							
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Mailing Address 27 Water Street				M M 11	/	D	01	/ Y	2018	Y				
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Name of Employer (for Individual) David L Camenga MD		upation (for Individual) rologist		Me	emc	o Ite	m							
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American Academy of Neurolo	ogy BrainP	AC											
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Mailing Address 2813 W Roxboro Rd NE			11 03 2018										
City Atlanta	State GA	Zip Code 30324-2916	Transaction ID : 42818095										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 84.00										
Name of Employer (for Individual) Shepherd Center		upation (for Individual) sician	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00											
Full Name of Individual (Last, First, Middle In 3. Jordan, Justin, T., Dr.,	nitial) or Full O	rganization Name		ate of	Re	ceipt							
Mailing Address 201 Brimbal Ave				™M 11	/	03	/ Y	2018	Y				
City Beverly	State MA	Zip Code 01915-1840				on ID : 4 Each Re		<b>17</b> his Perioc	1				
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Name of Employer (for Individual) Massachusetts General Hospital		upation (for Individual) Irologist		Me	emo	Item							
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Full Name of Individual (Last, First, Middle II	nitial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address 8220 Woodberry Blvd				<sup>M</sup> 11	/	03	/ Y	2018	Y				
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Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) rologist	Memo Item										
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American Academy of Neu	rology BrainP	AC												
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Mailing Address 1858 W. Navarro Ave				M M / D D / Y Y Y Y 11 04 2018										
City	State	Zip Code		Trans	act	ion ID :	4281812	1						
Mesa	AZ	85202-7444	/	Amount	t of	Each R	eceipt th	is Peric	d					
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Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) rologist		M	emo	o Item								
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Name of Employer (for Individual) University of Massachusetts School of		upation (for Individual) irologist		Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]											
Full Name of Individual (Last, First, Mid C. Cascino, Gregory, D., Dr.,	dle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address 2106 Kal Lane SW				м м 11	/	D D 04	/ Y	2018	Y					
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Rochester	MN	55902-3475		Amount	t of	Each R	eceipt th	is Peric	d					
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Name of Employer (for Individual) Mayo Clinic		upation (for Individual) sician		М	emo	o Item								
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FEC Schedule A (Form 3X) Rev. 06/2016

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## SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC								
Full Name of Individual (Last, First, Middle A. Perkins, Erik, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 11660 Cypress Canyon Roa	ad		M M / D D / Y Y Y Y 11 08 2018							
City San Diego	State CA	Zip Code 92131-3756	Transaction ID : 42823655 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		209.00							
Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2299.00	]							
Full Name of Individual (Last, First, Middle           Anderson, Eric, , Dr.,           Mailing Address 5921 Bayview Circle South	Initial) or Full C	rganization Name	Date of Receipt							
City Gulfport	State FL	Zip Code 33707-3929	11         08         2018           Transaction ID : 42823657							
FEC ID number of contributing federal political committee.	С	33101-3323	Amount of Each Receipt this Period							
Name of Employer (for Individual) Intensive Neuro		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2090.00	]							
Full Name of Individual (Last, First, Middle C. Etienne, Mill, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 19 Coe Farm Road			11 08 / Y Y Y Y							
City Montebello	State NY	Zip Code 10901-2908	Transaction ID : 42823658 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		84.00							
Name of Employer (for Individual) Bon Secours Charity Health System		upation (for Individual) rologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 924.00	1							
SUBTOTAL of Receipts This Page (optional).			502.00							

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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				Detailed Summary Page	×	11a 13		1 <sup>1</sup>	1b 4		11c 15	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the nar					for the		po	se of		liciting	contrib	utions			
	NAME OF COMMITTEE (In Full) American Academy of Neurology I	BrainP	AC	;												
Α.	Full Name of Individual (Last, First, Middle Initial) Holtz, Steven, J., Dr.,	or Full O	rgar	nization Name		Date of Receipt										
	Mailing Address 2009 Tampa Avenue	State		Zip Code	11 09 2018 Transaction ID : 42825439											
	Oakland	CA		94611-2620				-				s Perio	d			
	FEC ID number of contributing federal political committee.	C						-			-y	100	.00			
	Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occu Neu		tion (for Individual) gist		Me	emo	o It	tem							
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 1100.00												
B.	Full Name of Individual (Last, First, Middle Initial) Fellman, Melissa, Ann, Dr.,	or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 950 Brickell Bay Dr APT 2402			1		м м 10	/	l	D D 24		/ Y	2018	Y			
	City Miami	State FL		Zip Code 33131-3953							829613 eipt thi	s Perio	d			
	FEC ID number of contributing federal political committee.	С			10.00 Memo Item											
	Name of Employer (for Individual) University of Miami Department of Neur		•	tion (for Individual) ogist												
	Receipt For:       A         Primary       General         Other (specify) ▼       I	ggregate	Yea	ar-to-Date ▼ 260.00												
C.	Full Name of Individual (Last, First, Middle Initial) McKinnon, Jonathan, Hart, Dr.,	or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 351 N Buffalo Drive Suite B			1		11 <sup>M</sup>		L	D D D D			2018 <sup>°</sup>	Ŷ			
	City Las Vegas	State NV		Zip Code 89145-0301							82986 <sup>,</sup> eipt thi	<b>1</b> s Perio	d			
	FEC ID number of contributing federal political committee.	С						,			g	200	.00			
	Name of Employer (for Individual) Las Vegas Clinic	Occu Neur	•	ion (for Individual) gist		M	emo	o It	tem							
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Yea	ar-to-Date ▼ 1800.00												
s	UBTOTAL of Receipts This Page (optional)			•				,		ļ	,	310	.00			
Т	OTAL This Period (last page this line number only	)		•				-		I	- <b>J</b> -		-			

## SCHEDULE A (FEC Form 3X) \_\_\_\_

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC									
/ Full Name of Individual (Last, First, Middle A. Grant, Edmund, G., Dr.,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 13801 Bruce B Downs Blv	d Ste 401		11 02 / Y Y Y Y Y 2018								
City Tampa	State FL	Zip Code 33613-3997	Transaction ID : 42829873 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Florida Medical Clinic		upation (for Individual) urologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
Full Name of Individual (Last, First, Middle <b>Kurland, Alan, H., Dr.</b> ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 2 Boulder Lane											
City Sharon	State MA	Zip Code 02067-3034	Transaction ID : 42834217 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		210.00								
Name of Employer (for Individual) Neurology / Dedham Medical Associates/		upation (for Individual) urologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]								
Full Name of Individual (Last, First, Middle C. Milstein, Mark, , Dr.,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 111 E 88th St Apt 4F			M M / D D / Y Y Y Y 11 11 2018								
City New York	State NY	Zip Code 10128-1158	Transaction ID : 42838584 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Montefiore Medical Center		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	]									
SUBTOTAL of Receipts This Page (optional)			760.00								
TOTAL This Period (last page this line numb	per only)										

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		13		14	15	16				
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or t	v information copied from such Reports and State for commercial purposes, other than using the na												
\ \	NAME OF COMMITTEE (In Full)												
	American Academy of Neurology	BrainPA	AC										
	Full Name of Individual (Last, First, Middle Initial Yegiaian, Sharon, , Dr.,	) or Full Or	ganization Name	Date of Receipt									
1	Mailing Address 434 East Cedar Ave 103		-	11 D D / Y Y Y Y Y 11 11 2018									
	City	State	Zip Code	Transaction ID : 42838585									
_	Burbank	CA	91501-3423	/	Amount	of	Each R	eceipt th	is Period				
	FEC ID number of contributing rederal political committee.	С		200.00									
	Name of Employer (for Individual) Pasadena Center for Neuromuscular Medi		pation (for Individual) ology Resident		Me	emo	Item						
_	Dessint For	I	/ear-to-Date ▼										
	Primary General	Ayyreyale											
	Other (specify) ▼		300.00										
	Full Name of Individual (Last, First, Middle Initial Johnson, Nicholas, Elwood, Dr.,	) or Full Or	ganization Name		Date of	Re	ceipt						
-	Mailing Address 4580 Marshall Run Circle Apt 108				м м 11	/	15	/ Y	y y 2018	Y			
(	City	State	Zip Code		Trans	acti	on ID :	4285061	8				
_	Glen Allen	VA	23059-5901	/					is Period				
	FEC ID number of contributing rederal political committee.	С			100.00								
	Name of Employer (for Individual) /irginia Commonwealth University		pation (for Individual) ologist	Memo Item									
Ī	Receipt For:		/ear-to-Date ▼	-									
	Primary General	Aggiogato											
	Other (specify) ▼		1100.00										
	Full Name of Individual (Last, First, Middle Initial Labiner, David, M., Dr.,	) or Full Or	ganization Name		Date of	Re	ceipt						
I	Mailing Address 1501 N Campbell Ave Rm 6205 Box 245023 Neurology				11 <sup>M</sup>	1	D 15	/ Y	2018	Y			
(	City	State	Zip Code		Trans	acti	on ID :	4285155	4				
_	Tucson	AZ	85724-0001		Amount	of	Each R	eceipt th	is Period				
	FEC ID number of contributing rederal political committee.	С					y .	, , , , , , , , , , , , , , , , , , ,	250.0	0			
	Name of Employer (for Individual) University of Arizona Health Sciences		pation (for Individual) blogist	Memo Item									
Ī	Receipt For:	Aggregate V	/ear-to-Date ▼										
	Primary General Other (specify)		250.00										
รเ	JBTOTAL of Receipts This Page (optional)			.		_			550.0	0			

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FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s)	(check only	v one)
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Detailed Summary Page	🗶 11a	11

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				] 11k	_	11c	12	<u> </u>				
Any information copied from such Reports a or for commercial purposes, other than usin							e of s							
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC												
Full Name of Individual (Last, First, Midd <u>Smith, Marsha, , Dr.,</u> Mailing Address 94 Shenandoah Court	lle Initial) or Full C	rganization Name	Date of Receipt											
City	State	Zip Code	11 16 2018 Transaction ID : 42851576											
Portsmouth	ОН	45662-8660	A						is Period					
FEC ID number of contributing federal political committee.	С		100.00											
Name of Employer (for Individual) Southern Ohio Medical Center		upation (for Individual) rologist	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00												
Full Name of Individual (Last, First, Midd B. Rutecki, Paul, A., Dr.,	lle Initial) or Full C	rganization Name		Date of	Re	ceip	ot							
Mailing Address 1685 Highland Ave 7th F Neurology Dept			11 / D D / Y Y Y Y 16 / 2018											
City	State	Zip Code				-		285157						
Madison	WI	53705-2281	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C			42.00										
Name of Employer (for Individual) University of Wisconsin		upation (for Individual) Irologist	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary     General       Other (specify) ▼		, 462.00												
Full Name of Individual (Last, First, Midd <b>C.</b> Barkley, Gregory, L., Dr.,	lle Initial) or Full C	rganization Name	C	Date of	Re	eceip	ot							
Mailing Address 2890 Burlington St				11 <sup>M</sup>	/	L	16		2018 <sup>°</sup>	Ŷ				
City Ann Arbor	State MI	Zip Code 48105-1435				-		285157	-					
FEC ID number of contributing federal political committee.	C	40103-1433	A	mount	of	Eac	ch Re	ceipt th	is Period 100.					
Name of Employer (for Individual)	Occ	upation (for Individual)	- 1	Me	emo	, Ite	em	,						
Henry Ford Hospital	Neu	rologist												
	Aggregate	Aggregate Year-to-Date ▼												
Other (specify)	1100.00													
SUBTOTAL of Receipts This Page (optional	al)	•	[			,		9	242.	00				
TOTAL This Period (last page this line nur	mber only)	•••••				- -		-						

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FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a 13		11	1b	11c	12	17							
	y information copied from such Reports and State for commercial purposes, other than using the nar				or the		pos	se of s	soliciting	g contrib	utions							
	NAME OF COMMITTEE (In Full) American Academy of Neurology E	BrainP	AC															
	Los Altos	or Full C State CA	Zip Code 94022-2323		Date of Receipt													
	Name of Employer (for Individual) VA Palo Alto HCS Receipt For: Primary General Other (specify) ▼		Με	emo	o Ite	em												
B.	Full Name of Individual (Last, First, Middle Initial) Cascino, Terrence, L., Dr., Mailing Address 2931 Stone Park Dr NE									Date of Receipt								
	Rochester	State MN	Zip Code 55906-7722	Transaction ID : 42853516 Amount of Each Receipt this Period 84.00														
	Name of Employer (for Individual)         Mayo Clinic         Receipt For:         Primary         General         Other (specify) ▼	Ne	upation (for Individual) urologist Year-to-Date ▼ 924.00		Me	emo	o Ite	em										
C.	Full Name of Individual (Last, First, Middle Initial) Cutsforth-Gregory, Jeremy, K., Dr., Mailing Address 331 Wimbledon Hills Dr SW		Date of Receipt															
	Rochester FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mayo Clinic	Neu	Zip Code 55902-4134 upation (for Individual) rologist Year-to-Date ▼ 462.00	A	mount		Ea	ach Re	428535	nis Perio	d 2.00							
s	UBTOTAL of Receipts This Page (optional)		•	[			9		9	21(	).00							
Т	OTAL This Period (last page this line number only	)	•				-											

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 36 OF

				Detailed Summary Page	×	11a 13		-	1b 4	11c 15		12 16	17				
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay i addr	not be sold or used by any poess of any political committee	erson f e to so	or the	pur ntrib	po	se of s	olicitir	g co ch cc	ntribut	ions				
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	A	2													
A.	Full Name of Individual (Last, First, Middle Init Lee, Ikjae, , Dr., Mailing Address 3408 Surrey Hill Ln		Date of Receipt														
	City Vestavia	State AL		Zip Code 35243-1729	11     17     2018       Transaction ID : 42853519       Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual) University of Alabama Birmingham Receipt For:	Neu	tion (for Individual) ogist		Memo Item												
	Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 700.00													
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Callaghan, Maureen, A., Dr.,							Date of Receipt									
	Mailing Address 744 Mandee St. SE		11 / D D / Y Y Y Y 11 17 2018														
	City Lacey	State WA		Zip Code 98513-7755		Transaction ID : 42853521 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,		-		125.0	00					
	Name of Employer (for Individual) Franciscan Hospice and Palliative Care		Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 500.00	]												
	Full Name of Individual (Last, First, Middle Ini Finney, Glen, R., Dr., Mailing Address 828 Homestead Dr		Date of Receipt														
	Waining Address 828 Homestead Dr		11 <sup>M</sup>			20			018	Y							
	City Dallas	State PA		Zip Code 18612-7227					n ID : 4			Pariod					
	FEC ID number of contributing federal political committee.	С	Ì			Amount of Each Receipt this Period											
	Name of Employer (for Individual) Geisinger Specialty Clinic		tion (for Individual) oral Neurology		Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 2291.74	1												
s	UBTOTAL of Receipts This Page (optional)				•			,		,		433.3	34				
Т	OTAL This Period (last page this line number	only)			.			,		-,-							

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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Detailed Summary Page	<b>X</b> 11a 11

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
American Academy of Neu	irology BrainP	AC	
Full Name of Individual (Last, First, Mid Jones, Lyell, K., Dr.,		rganization Name	Date of Receipt
Mailing Address 2055 Scenic View Lan		Zin Oode	11 / D D / Y Y Y Y 2018
City Rochester	State MN	Zip Code 55902-2575	Transaction ID : 42856711
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 84.00
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) Irologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	]
Full Name of Individual (Last, First, Mi B. Brower, Richard, D., Dr.,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 801 Cincinnati Avenue			11 20 / Y Y Y Y 2018
City	State	Zip Code	Transaction ID : 42856712
El Paso	TX	79902-2433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Paul L. Foster School of Medicine		upation (for Individual) /sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]
Full Name of Individual (Last, First, Mic Barnes, J., Todd, Mr.,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3924 Pimlico Drive			11 / D D / Y Y Y Y 2018
City Norman	State OK	Zip Code 73072-6521	Transaction ID : 42856713
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 42.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
OU Department of Neurology Receipt For:		ness Administrator	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	1
SUBTOTAL of Receipts This Page (optic	,		
TOTAL This Period (last page this line n	umber only)	••••••	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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TEMIZED RECEIPTS	Detailed Summary Pa	
		13 14 15 16 17
		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Neur	ology BrainPAC	
Full Name of Individual (Last, First, Mide Lewis, Steven, L., Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 806 Timber Hill Road		11 20 / Y Y Y Y 2018
City	State Zip Code	Transaction ID: 42856715
Highland Park	IL 60035-5121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer (for Individual) Lehigh Valley Health Network	Occupation (for Individual) Physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2090.	00
Full Name of Individual (Last, First, Mid B. Noorian, Alireza, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 77 Lehigh Aisle		11 20 2018
City	State Zip Code	Transaction ID : 42856716
Irvine	CA 92612-4105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Neurologist	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) <b>v</b>	220	.00
Full Name of Individual (Last, First, Mid C. Absher, John, R., Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 10 Collins Creek Rd		11 / D D / Y Y Y Y 2018
City	State Zip Code	Transaction ID : 42856719
Greenville	SC 29607-3727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Univ. SC SOM, Greenville	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	462.	
SUBTOTAL of Receipts This Page (option	nal)	271.00
TOTAL This Period (last page this line nu	mber only)	

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	- '	1a 2		11		110	;	12	Г	47						
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for				se of s											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC																		
Α.	Henninger, Heidi, L., Dr., Mailing Address 492 W Elm Street	Address 492 W Elm Street									Date of Receipt										
	City Yarmouth	State ME	_	Zip Code 04096-8119					-			-	s Peric	d	_						
	FEC ID number of contributing federal political committee.	С						emo	<b>—</b>			<u> </u>	2	1.00							
	Name of Employer (for Individual)         Maine Neurology         Receipt For:         Primary       General         Other (specify) ▼	Neu	irolo	ion (for Individual) gist ur-to-Date ▼ 247.00				emo		em											
B.	Full Name of Individual (Last, First, Middle Initia Clarke, Teryn, B., Dr.,	l) or Full O	rgai	nization Name	(	Da	te of	Re	ecei	ipt											
	Mailing Address 1309 Mariners Dr	State		Zip Code		L	11 <sup>™</sup>	1	L	20	/	Y	y y 2018	Y							
	Newport Beach	CA		92660-4929	4					ID:4			s Peric	d							
	FEC ID number of contributing federal political committee.	С							-				4:	2.00							
	Name of Employer (for Individual) Clarke Neurology	Occi Neu		tion (for Individual) ogist			Me	emo	o Ite	em											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 538,00																	
C.	Full Name of Individual (Last, First, Middle Initia Merino, Rodrigo, R., Dr.,	l) or Full O	rgai	nization Name			te of	Re	_												
	Mailing Address N 1691 S. Washington Rd	State		Zip Code		L	11	/ 	L	20 1 ID : 4	12050		2018	Y							
	Chilton	WI		53014-9619									Peric	d							
	FEC ID number of contributing federal political committee.	С				Ļ	_		,			_	42	2.00							
	Name of Employer (for Individual) Aspirus, Wausau, WI Receipt For:	Neu	rolo	-			M	emo	o Ite	em											
	Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 294.00																	
s	UBTOTAL of Receipts This Page (optional)			•••••	-				,	-		=	10	5.00	_						
т	OTAL This Period (last page this line number or	ıly)		••••••		L			_	_			_	-							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				Detailed Summary Page	×	11a 13		11		11c		12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pos	se of s	soliciting		ntributi	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC	2										
A.	Full Name of Individual (Last, First, Middle Initi Ichord, Rebecca, N., Dr., Mailing Address 2320 Pine ST	al) or Full O	)rga	nization Name	Date of Receipt									
						11		L	20	ΙL	1.00	018		
	City Philadelphia	State PA		Zip Code 19103-6415						285672		eriod		
	FEC ID number of contributing federal political committee.	С										100.0	0	
	Name of Employer (for Individual) Perelman School of Medicine of the Uni		•	tion (for Individual) ogist		М	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 700.00	]									
B.	Full Name of Individual (Last, First, Middle Initi Stevens, James, C., Dr.,	al) or Full O	)rga	nization Name		Date o	f Re	ecei	ipt					
	Mailing Address 12112 Aboite Center Rd					<sup>M</sup> M 11	/	C	D D D 21	/ Y	20	18	Y	
	City Fort Wayne	State IN		Zip Code 46814-9528						285741	-	aviad		
	FEC ID number of contributing federal political committee.	С				Amoun		La		ceipt th		209.0	0	
	Name of Employer (for Individual) Allied Physicians, Inc.	Occ Phy	•	tion (for Individual) an		M	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2426.00	]									
C.	Full Name of Individual (Last, First, Middle Initi Anderson, Wayne, E., Dr.,	al) or Full O	)rga	nization Name		Date o	f Re	ecei	ipt					
	Mailing Address 401 Harrison St Apt 42A					<sup>M</sup> 11	J.	L	D D D 21	/ Y	20	)18 18	Y	
	City San Francisco	State CA		Zip Code 94105-2797						285741		oriod		
	FEC ID number of contributing federal political committee.	С				amoun		,		, secipi ii		50.0	0	
	Name of Employer (for Individual) Self-Employed	Occi Neu	•	tion (for Individual) gist		N	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 550.00	]									
s	UBTOTAL of Receipts This Page (optional)			······				y		9		359.0	0	
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		for each category of the Detailed Summary Page	×	11a		11b		11c	12			
Any information copied from such Reports a or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainP	AC										
Full Name of Individual (Last, First, Midd Robbins, Matthew, S., Dr., Mailing Address 57 Midvale Road	lle Initial) or Full C	rganization Name		Date of Receipt								
City	State NY	Zip Code				on ID	):4	285741				
Hartsdale FEC ID number of contributing federal political committee.	С	10530-3606	A	mount	of	Each	Re	ceipt th	is Period 20.	00		
Name of Employer (for Individual) Montefiore Headache Center	Neu	upation (for Individual) rologist		Me	emo	Item	I					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
Full Name of Individual (Last, First, Midd <b>B.</b> Haffner, Darrah, , Dr.,	lle Initial) or Full C	rganization Name		ate of	Re	ceipt						
Mailing Address 3754 Juniper Dr.				™ _ M 11	/	2	D 21	/ Y	y y 2018	Y		
City Dallas	State TX	Zip Code 75220-6318				-		285741 ceipt th	<b>8</b> is Period			
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Name of Employer (for Individual) University of Texas SW Medical School,		upation (for Individual) Irologist		Me	emo	Item	1					
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Full Name of Individual (Last, First, Midd C. Koenig, Matthew, A., Dr.,	lle Initial) or Full C	rganization Name		ate of	Re	ceipt						
Mailing Address 1416 Koko Head Ave	01-1-	Zie Oste	_ [	11 	/	2	21		2018	Y		
City Honolulu	State HI	Zip Code 96816-3234	A					285741 ceipt th	9 is Period			
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Name of Employer (for Individual) The Queen's Medical Center Receipt For:	Neu	upation (for Individual) rologist		Me	ema	lterr	I					
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Α.	Full Name of Individual (Last, First, Middle Init Vargas, Bert, B., Dr.,	tial) or Full C	Drga	nization Name		Date of	f Re	ecei	ipt			
	Mailing Address 12749 Wolf Snare Dr.					M M 11	1		D D 21	/ Y	ү ү 2018	Y
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	Name of Employer (for Individual) University of Texas Southwestern Clini			tion (for Individual) ogist		Μ	emo	o Ite	em			
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	Mailing Address 280 East Grand Avenue					M M	/	_	22	/ Y	ү 2018	Y
	City	State		Zip Code		Trans	acti	ion	ID : 4	286452	9	
	South San Francisco	CA		94080-4808		Amoun	t of	Ea	ich Re	eceipt th	is Period	
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— C.	Full Name of Individual (Last, First, Middle Init Patton, Eddie, L., Dr.,	tial) or Full C	Drga	nization Name		Date of	f Re	ecei	ipt			
	Mailing Address 1819 Solana Springs Drive					<sup>M</sup> 11	1		22	/ Y	ү 2018	Y
	City	State		Zip Code		Trans	act	ion	n ID : 4	4286453	60	
	Sugar Land	TX		77479-5558		Amoun	t of	Ea	ich Re	eceipt th	is Period	
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	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		M	emc	o Ite	em			
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NAME OF COMMITTEE (In Full) American Academy of Neu	Irology BrainP	AC								
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Name of Employer (for Individual) Emory Healthcare		upation (for Individual) Irologist		Mer	mo	lter	n			
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Mailing Address 4785 Kitty Hawk Drive				м 11	/	D	23	/ Y	2018	Y
City Atlanta	State GA	Zip Code 30342-2506				-		286455 ceipt th	6 nis Period	
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Name of Employer (for Individual) Piedmont Healthcare, Inc.		upation (for Individual) rsician		Mer	mo	lter	n			
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Mailing Address 16 Old Barnabas Rd				11 <sup>M</sup>	/	D	23 <sup>D</sup>	/ Y	2018	Y
City Woodbridge	State CT	Zip Code 06525-1923				-		286455	-	
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American Academy of Neurolo	ogy BrainP	AC							
Full Name of Individual (Last, First, Middle Busis, Neil, A., Dr.,	Initial) or Full O	rganization Name		Date of	f Re	eceipt			
Mailing Address 6934 Rosewood St				м м 11	/	D D D 23	/ Y	ү 2018	Y
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Pittsburgh	PA	15208-2639	A	mount	t of	Each Re	ceipt th	is Period	l
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Name of Employer (for Individual)	Occi	pation (for Individual)	-	M	emo	ltem			
UPP Department of Neurology-Shadyside		sician							
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Other (specify) V		3058.00							
Full Name of Individual (Last, First, Middle   <b>B. Patel</b> , Anup, D., Dr.,	Initial) or Full O	rganization Name		Date of	f Re	eceint			
Mailing Address 1834 Chateaugay Way				M M	/	23	/ Y	2018	Y
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Full Name of Individual (Last, First, Middle <b>C. Morgan, Walter, R., Dr.</b> ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt			
Mailing Address 1069 Nash Drive				м м 11	/	D D D 23	/ Y	2018	Y
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Other (specify)		220.00	]						
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FEC Schedule A (Form 3X) Rev. 06/2016

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\	OMMITTEE (In Full)		10							
Americar	n Academy of Neuro	logy BrainP	AC							
Full Name of <b>A.</b> Kass, Jose	Individual (Last, First, Middle ph, S., Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ceipt			
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Mailing Addre	ess 1063 Lincoln St	State	Zip Code		<sup>M</sup> M 11	1	23	JL	2018	Y
Salt Lake City	y	UT	84105-1449	-				4286456 Receipt th	4 nis Period	
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or for commercial purposes, other than									
NAME OF COMMITTEE (In Full)									
American Academy of Ne	urology BrainP	AC							
Full Name of Individual (Last, First, N A. Gilmer, William, S., Dr.,	liddle Initial) or Full O	rganization Name	0	Date of	Re	eceipt			
Mailing Address 2323 Dunstan Rd				м м 11	/	24	/ Y	y y 2018	Y
City	State	Zip Code		Trans	acti	ion ID :	4286460	8	
Houston	ТХ	77005-2613	A	mount	of	Each R	eceipt th	is Period	
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Name of Employer (for Individual) Willam S Gilmer MD PA		upation (for Individual) Irologist		Me	emo	ltem			
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Other (specify) ▼		935.00	]						
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Mailing Address 34 Stonybrook Road				м м 11	/	D D D 24	/ Y	2018	Y
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Tenafly	NJ	07670-1118	A	Amount	of	Each R	eceipt th	is Period	
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Mailing Address 2045 W. Concord Pla				<sup>M</sup> 11	/	24	/ Y	2018	Y
City	State	Zip Code 60647-5481					4286461		
Chicago	IL	00047-5461	A	mount	of	Each R	eceipt th	is Period	
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Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emc	tem			
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$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big/$	American Academy of Neurology	BrainP	AC									
Α.	Full Name of Individual (Last, First, Middle Initial) Testa, Claudia, M., Dr.,	) or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1705 Park Ave	1			м м 11	/		24	/ Y	2018		]
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	Primary General Other (specify) ▼		220.00									
В.	Full Name of Individual (Last, First, Middle Initial) Ghacibeh, Georges, A., Dr.,	) or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 47 Birch St				™ _ M 11	1		24	/ Y	2018	Y	
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	Englewood Cliffs	NJ	07632-1519	A	mount	of	Ea	ch Re	ceipt th	nis Peri	bd	
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	Name of Employer (for Individual) Progressive Neurology		upation (for Individual) Irologist		Me	emo	o Ite	em				
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	Primary General Other (specify) ▼		462.00									
с.	Full Name of Individual (Last, First, Middle Initial) Kluger, Benzi, , Dr.,	) or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 2324 Franklin St				M M 11	/		24	/ Y	2018		
	City	State	Zip Code		Trans	acti	ion	ID : 4	28646 <sup>-</sup>	13		
	Denver	CO	80205-5322	A	mount	of	Ea	ch Re	eceipt th	nis Peri	bd	
	FEC ID number of contributing federal political committee.	С			_	_	<u>y</u>		9	2	0.00	
	Name of Employer (for Individual) University of Colorado Anscutz Medical		upation (for Individual) sician		Me	emo	o Ite	em				
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# SCHEDULE A (FEC Form 3X) ľ

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				rson for the purpose of soliciting contributions to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) nerican Academy of Neurology	/ BrainP	PAC	
<b>A.</b> <u>Ro</u> Mai	Name of Individual (Last, First, Middle Initiation oth, Julie, , Dr., ling Address 593 Eddy Street APC 5	-		Date of Receipt
City	vidence	State RI	Zip Code 02903-4923	Transaction ID : 42864614
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<b>B</b> . <u>C</u>	Name of Individual (Last, First, Middle Initia offman, Keith, , Dr., ling Address 4119 W. 94th Terrace	al) or Full O	Drganization Name	Date of Receipt
City		State	Zip Code	Transaction ID : 42864636
Pra	irie Village	KS	66207-2713	Amount of Each Receipt this Period
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Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	Name of Individual (Last, First, Middle Initianshear, Allison, , Dr.,	al) or Full O	Drganization Name	Date of Receipt
Mai	ling Address 208 Hadley Ct			11 25 / Y Y Y Y 2018
City Wii	nston Salem	State NC	Zip Code 27106-4489	Transaction ID : 42864637 Amount of Each Receipt this Period
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Wa	ne of Employer (for Individual) ke Forest University		cupation (for Individual) urologist	Memo Item
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 880.00	
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Am	erican Academy of Neurolo	gy BrainP	AC										
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	<ul> <li>V - Upstate Medical University</li> </ul>		irologist	, , , , , , , , , , , , , , , , , , , ,									
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City		State	Zip Cod	le		Trans	acti	on ID :	428	364639	9		
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Rece	ipt For:	Aggregate	Year-to-Date	•									
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	Other (specify)		,	251.00									
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City		State	Zip Cod			Trans	act	ion ID :	: 428	86464	0		
Wyo	ming	PA	18644-	·1326	A	Amount	t of	Each F	Rece	eipt thi	is Po	eriod	
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC	Form	3X)
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC	
Α.	Full Name of Individual (Last, First, Middle Init Butterfield, Russell, , Dr., Mailing Address 6262 S Westridge St	ial) or Full O	rganization Name	Date of Receipt
	City Murray	State UT	Zip Code 84107-7745	Transaction ID : 42864642
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)         Eccles Primary Children's Outpatient B         Receipt For:         Primary       General         Other (specify)	Neu	upation (for Individual) rologist Year-to-Date ▼ 220.00	Memo Item
В.	Full Name of Individual (Last, First, Middle Init Gordon, David, Lee, Dr., Mailing Address 4111 Crimson Bluff Way	ial) or Full O	rganization Name	Date of Receipt
	City Edmond FEC ID number of contributing federal political committee.	State OK	Zip Code 73034-1035	Transaction ID : 42864643       Amount of Each Receipt this Period       20.00
	Name of Employer (for Individual) University of Oklahoma HSC		upation (for Individual) fessor and Chair	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
с.	Full Name of Individual (Last, First, Middle Init Cha, Yoon-Hee, , Dr.,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4313 South Retana Avenue City Broken Arrow FEC ID number of contributing federal political committee.	State OK	Zip Code 74011-1398	M M       /       D D       /       Y Y Y Y       Y         11       25       /       2018         Transaction ID : 42864644         Amount of Each Receipt this Period         84.00
	Name of Employer (for Individual) Laureate Institute for Brain Research Receipt For: Primary General Other (specify)	Neu	upation (for Individual) rologist Year-to-Date ▼ 756.00	Memo Item
8	<b>SUBTOTAL</b> of Receipts This Page (optional)		••••••	124.00

TOTAL This Period (last page this line number only)...... 1 1 4p 1 1 4p 1 1 4p 1

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC	
Full Name of Individual (Last, First, Middl Govindarajan, Raghav, , Dr.,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 103 Knollwood CT	State	Zip Code	11 25 2018 Transaction ID : 42864647
Columbia	MO	65203-6907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		112.00
Name of Employer (for Individual) University of Missouri		upation (for Individual) ident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 896.00	
Full Name of Individual (Last, First, Middl <b>B.</b> Reynolds, Wesley, D., Dr.,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3735 Yates St			11 26 / Y Y Y Y Y
City Denver	State CO	Zip Code 80212-2040	Transaction ID : 42864670 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Centura Health		upation (for Individual) urologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 940.00	
Full Name of Individual (Last, First, Middl C. Prusinski, Christopher, , Dr.,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 119 Lansing Island			11 26 / Y Y Y Y Y 11 26
City Indian Harbour Beach	State FL	Zip Code 32937-5354	Transaction ID : 42864671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Www.Neuro-Speed.com		upation (for Individual) rologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		2284.00	1
SUBTOTAL of Receipts This Page (optiona	l)	•	432.00
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## SCHEDULE A (FEC Form 3X) EMIZED DECEIDTE

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	ED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	
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\	OF COMMITTEE (In Full) rican Academy of Neurol	ogy BrainP	AC							
Full Na	me of Individual (Last, First, Middle ersheim, Michael, A., Dr.,	Initial) or Full C	rganization Name		Date of	Ree	ceipt			
Mailing	Address 1253 Eagle Crest Dr				м м 11	/	D D D 26	/ Y	2018	Ŷ
City Greenv	vood	State IN	Zip Code 46143-8325				<b>on ID : 4</b> Each Re		2 is Period	
	number of contributing political committee.	С					y- 1	-	84.	
JWM N	of Employer (for Individual) eurology		upation (for Individual) Irologist		Me	emo	Item			
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 840.	00						
	me of Individual (Last, First, Middle William, Kurtis, Dr.,	Initial) or Full C	rganization Name		Date of	Ree	ceipt			
Mailing	Address 101 Scarborough Lane				M M 11	/	D D D 26	/ Y	у у 2018	Y
City Millersv	ille	State PA	Zip Code 17551-9523				on ID : 4 Each Re		<b>3</b> is Period	
	number of contributing political committee.	С						-9	21.	00
	of Employer (for Individual) ate University, Milton S Hershe		upation (for Individual) urologist		Me	emo	Item			
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 209.	00						
	me of Individual (Last, First, Middle emo, Olukemi, A., Dr.,	Initial) or Full C	rganization Name		Date of	Ree	ceipt			
Mailing	Address 7206 Bull Run Post Office	Rd			11 <sup>M</sup>	/	D D D 26	/ Y	2018 <sup>°</sup>	Ŷ
City Centre	ville	State VA	Zip Code 20121				<b>on ID : 4</b> Each Re		' <b>4</b> is Period	
	number of contributing political committee.	С					9	y	21.	00
	of Employer (for Individual) EL International For:	Neu	upation (for Individual) rologist		Me	emo	Item			
P	rimary General ther (specify)	Aggregate	Year-to-Date ▼ 210.							
	AL of Receipts This Page (optional) his Period (last page this line numb				<u> </u>		y	9	126.	00

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neurolo	gy BrainP	AC	
Full Name of Individual (Last, First, Middle Ir Kopinski, Jason, , Mr.,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 201 Chicago Ave			11 / 26 / Y Y Y Y 2018
City	State	Zip Code	Transaction ID : 42864675
Minneapolis	MN	55415-1126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		91.00
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) puty Executive Director	Memo Item
Receipt For:	· ·	Year-to-Date ▼	
Primary General	Ayyreyale		
Other (specify)		910.00	
Full Name of Individual (Last, First, Middle Ir . Scarberry, Susan, L., Dr.,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 4901 Loden Court South			11 26 2018
City	State	Zip Code	Transaction ID : 42864676
Fargo	ND	58104-6047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		21.00
Name of Employer (for Individual) Sanford Health		upation (for Individual) urologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	]
Full Name of Individual (Last, First, Middle Ir . Gao, Xiao-Ke, , Dr.,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 102 Sheephill Road			11 26 2018
City	State	Zip Code	Transaction ID : 42864677
Riverside	СТ	06878-1121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
		unation (fax halt date 1)	Memo Item
Name of Employer (for Individual) Eastern Comprehensive Medical Services		upation (for Individual) rologist	
Receipt For:			
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00	
Other (specify) SUBTOTAL of Receipts This Page (optional)			212.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a		-	1b		11c	12	−	
	information copied from such Reports and State r commercial purposes, other than using the na							se of					
<u>N</u>	AME OF COMMITTEE (In Full)												
/ Fi	III Name of Individual (Last, First, Middle Initial) Sajed, Mohammad, , Dr.,							in t					
	ailing Address 820 2nd St	Date of Receipt											
Ci G	ty ilen Ellyn	State IL	Zip Code 60137-3508				action ID : 42864678 of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		21.00									
	ame of Employer (for Individual) dward Hospital		upation (for Individual) rologist		Me	emo	o l	tem					
Re	eceipt For: Primary General Other (specify) ▼	aggregate	Year-to-Date ▼ 210.00										
B. <u>⊦</u>	III Name of Individual (Last, First, Middle Initial) Hillen, Machteld, E., Dr.,	or Full O	rganization Name		Date of	Re	ece	eipt					
IVI Ci	ailing Address 34 Carteret Road	State	Zip Code		м м 11	'		26		/ Y	2018	Y	
	llendale	NJ	07401-1850	-						864679 eipt thi	a is Period		
	EC ID number of contributing deral political committee.	С					-,			-	21.	00	
Rı	ame of Employer (for Individual) Itgers-NJMS		upation (for Individual) rologist		Me	emo	o l'	tem					
Re	Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ , 210.00										
CF	III Name of Individual (Last, First, Middle Initial) Polchinski, Jason, E., Dr.,	or Full O	rganization Name		Date of	Re	ece	eipt					
_	ailing Address 5250 Cape Seville	01.1			11 <sup>M</sup>	Ŀ.		26			2018	Y	
Ci A	iy nchorage	State AK	Zip Code 99516-7525							86468	<b>u</b> is Period		
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A	ame of Employer (for Individual) aska Native Medical Center		upation (for Individual) rologist		Me	emo	o l	tem					
Re	Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 210.00										
SUE	BTOTAL of Receipts This Page (optional)		•••••				,		l	,	63.	00	
тот	AL This Period (last page this line number only	/)	•••••				,			-			

# SCHEDULE A (FEC Form 3X)

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
ILEIWIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         1						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		_							
American Academy of Neuro	logy BrainP	AC							
Full Name of Individual (Last, First, Middle A. Bajaj, Nikesh, , Dr.,	e Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1235 S Prairie Ave Unit 1903			M M / D D / Y Y Y Y 11 26 2018						
City Chicago	State IL	Zip Code 60605-3404	Transaction ID : 42864681						
FEC ID number of contributing			Amount of Each Receipt this Period						
federal political committee.	C		21.00						
Name of Employer (for Individual) UIC Neurology & Rehabilitation MC 796		upation (for Individual) Irologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) V		210.00	]						
Full Name of Individual (Last, First, Middle B. Cardenas, Javier, , Dr.,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4135 N. 33rd St.			M M / D D / Y Y Y Y 11 26 2018						
City	State	Zip Code	Transaction ID : 42864682						
Phoenix	AZ	85018-4724	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) /sician	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		462.00	]						
Full Name of Individual (Last, First, Middle C. Lowden, Max, R., Dr.,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 116 Scenic Ridge Drive			M M / D D / Y Y Y Y 11 26 2018						
City Hummelstown	State PA	Zip Code 17036-6901	Transaction ID : 42864683 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Penn State Hershey Medical Center		upation (for Individual) rologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	]						
SUBTOTAL of Receipts This Page (optional	)		105.00						
TOTAL This Period (last page this line numl	ber only)								

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

FOR LINE NUMBER:

(check only one)

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rederal political committee.	Y
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (in Full) American Academy of Neurology BrainPAC  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beltran, Dario, , Dr., Mailing Address 4805 Briarwood Ave Apt 303  City Midland Tx Zip Code Tx Z	Y d
American Academy of Neurology BrainPAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beltran, Dario, , Dr.,       Date of Receipt         Mailing Address 4805 Briarwood Ave Apt 303       TX       Zip Code TX       Transaction ID: 4286485         City Midland       TX       79707-2625       Amount of Each Receipt this Peri- federal political committee.       American Academy of Neurologist         Name of Employer (for Individual) Premier Physicians       Neurologist       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Other (specify) ▼       Date of Receipt         State       Zip Code       11       26       2018         City       Aggregate Year-to-Date ▼       Date of Receipt       Image: City Social And City Social And City Social And City Social And City Physician       Date of Receipt         Receipt For:       City       State       Zip Code       Aggregate Year-to-Date ▼       Image: City Social And City Physician       Aggregate Year-to-Date ▼       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       Aggregate Year-to-Date ▼       Memo Item         Prinary       General       Other (specify) ▼ <td>d</td>	d
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Beltran, Dario, , Dr.,       Mailing Address 4805 Briarwood Ave Apt 303       Date of Receipt         City       State       Zip Code         Midland       TX       79707-2625         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Perint Primary General Other (specify)         Primary General Other (specify)       Occupation (for Individual)       Memo Item         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Scottsdale       Az       85255-1490         FEC ID number of contributing federal political committee.       C       Mamount of Each Receipt this Perint         Name of Employer (for Individual)       Occupation (for Individual)       Transaction ID: 42864686         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Primary       General	d
Beltran, Dario, , Dr.,       Date of Receipt         Mailing Address 4805 Briarwood Ave Apt 303       Transaction ID : 42864685         City       State       Zip Code         Midland       TX       79707-2625         FEC ID number of contributing       C       Transaction ID : 42864685         Amount of Each Receipt this Peri-       Memo Item         Premiere Physicians       Neurologist         Receipt For:       Other (specify) ▼         Primary       General         Other (specify) ▼       General         City       State         Zip Code       Transaction ID : 42864685         Adgregate Year-to-Date ▼       Memo Item         Primary       General         Other (specify) ▼       600.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         totty       State         Scottsdale       AZ         PEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Physician         Primary       General       Occupation (for Individual)         Bunnie F. Richie, DO, PLC       Physician         Receipt For:       Primary       General         Other (specify) ▼	d
City       State       Zip Code       Transaction ID : 42864685         Midland       TX       79707-2625       Amount of Each Receipt this Peri-         FEC ID number of contributing tederal political committee.       C       Image: Committee Commit	d
Midland       TX       79707-2625         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Peri (marking Address 26024 N Horseshoe Trail)         Pull Name of Employer (for Individual) Premiere Physicians       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Richie, Bunnie, F., Dr., Mailing Address 26024 N Horseshoe Trail       Zip Code AZ       Aggregate Year-to-Date ▼         FEC ID number of contributing federal political committee.       C       Date of Receipt         Primary       General       Occupation (for Individual)         Primary       General       Occupation Name         .       Richie, Bunnie, F., Dr., Mailing Address 26024 N Horseshoe Trail       Transaction ID : 42864868         City       State       Zip Code AZ       Aggregate Year-to-Date ▼         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual) Bunnie F. Richie, DO, PLC       Aggregate Year-to-Date ▼       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         Full Name of Individual	
FEC ID number of contributing federal political committee.       C       Andount of Each Receipt fills Pen- federal political committee.         Name of Employer (for Individual) Premiere Physicians       Occupation (for Individual) Neurologist       Memo Item         Receipt For: Aggregate Year-to-Date ▼           Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Date of Receipt         Mailing Address 26024 N Horseshoe Trail               City       State       Zip Code             Scottsdale       Az       85255-1490             FEC ID number of contributing federal political committee.             Memo Item          Name of Employer (for Individual) Bunnie F. Richie, DO, PLC                   Primary       General	
federal political committee.   Name of Employer (for Individual)   Premiere Physicians   Receipt For:   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Full Name of Individual (Last, First, Middle Initial) or Full Organization Name   City   Scottsdale   FEC ID number of contributing   federal political committee.   Name of Employer (for Individual)   Primary   General   Other (specify) ▼     Date of Receipt     Mailing Address 26024 N Horseshoe Trail     City   Scottsdale   FEC ID number of contributing   federal political committee.   Name of Employer (for Individual)   Bunnie F. Richie, DO, PLC   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼     Aggregate Year-to-Date ▼   Aggregate Year-to-Date ▼   Primary   General   Other (specify) ▼      Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt	).00
Premiere Physicians       Neurologist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       600.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Scottsdale       AZ       85255-1490         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer (for Individual) Bunnie F. Richie, DO, PLC       Occupation (for Individual) Physician       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       ●       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Primary       General       Aggregate Year-to-Date ▼       ●         Primary       General       Other (specify) ▼       Bate of Receipt         Eula Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt      <	
Receipt For:       Primary       General         Other (specify) ▼       General       600.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Richie, Bunnie, F., Dr.,       Mailing Address 26024 N Horseshoe Trail       Date of Receipt         City       State       Zip Code         Scottsdale       AZ       85255-1490         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer (for Individual) Bunnie F. Richie, DO, PLC       Occupation (for Individual)       Memo Item         Receipt For:       Primary       General       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       S40.00       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt	
Primary       General         Other (specify)       General         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Richie, Bunnie, F., Dr.,       Mailing Address 26024 N Horseshoe Trail       Date of Receipt         Mailing Address 26024 N Horseshoe Trail       Transaction ID : 42864686       AZ         Scottsdale       AZ       85255-1490       Transaction ID : 42864686         FEC ID number of contributing federal political committee.       C       AZ       85255-1490         Name of Employer (for Individual) Bunnie F. Richie, DO, PLC       Physician       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Aggregati Year-to-Date ▼       Date of Receipt         City       State       State       B40.00       Date of Receipt	
B. Richie, Bunnie, F., Dr.,       Date of Receipt         Mailing Address 26024 N Horseshoe Trail       Image: City         City       State       Zip Code         Scottsdale       AZ       85255-1490         FEC ID number of contributing federal political committee.       C       Image: City         Name of Employer (for Individual)       Occupation (for Individual)       Aggregate Year-to-Date ▼         Bunnie F. Richie, DO, PLC       Aggregate Year-to-Date ▼       Memo Item         Primary       General       State       840.00         Other (specify) ▼       Aggregatic Year-to-Date ▼       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt	
Mailing Address 26024 N Horseshoe Trail       Image: Constraint of the second se	
City       State       Zip Code         Scottsdale       AZ       85255-1490       Transaction ID : 42864686         FEC ID number of contributing       C       Amount of Each Receipt this Period         FEC ID number of contributing       C       Mame of Employer (for Individual)         Bunnie F. Richie, DO, PLC       Occupation (for Individual)       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       840,00       B40,00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt	Y
Scottsdale       AZ       85255-1490       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) Bunnie F. Richie, DO, PLC       Occupation (for Individual) Physician       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify) ▼       Aggregatic Year-to-Date       Equation Name         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Carcia, Eduardo, , Dr.,       Date of Receipt	
federal political committee.       Image: Committee.	d
Bunnie F. Richie, DO, PLC     Physician       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     Aggregation Name       Full Name of Individual (Last, First, Middle Initial) or Full Organization Name     B40.00       Carcia, Eduardo, , Dr.,     Date of Receipt	4.00
Primary       General         Other (specify) ▼       840.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Garcia, Eduardo, , Dr.,       Date of Receipt	
Primary       General         Other (specify)       ✓         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Garcia, Eduardo, , Dr.,    Date of Receipt	
C. Garcia, Eduardo, , Dr., Date of Receipt	
Mailing Address 24 Middle Street 11 01 2018	Y
City State Zip Code Transaction ID : 42873779	
Needham         MA         02492         Amount of Each Receipt this Period	d
FEC ID number of contributing federal political committee.	0.00
Name of Employer (for Individual) Occupation (for Individual) Memo Item	
Newton-Wellesley Neurological Associat Neurologist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General General	
Other (specify) 600.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	4.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	X	11a		11b	11c	1	12					
				13		14	15	ŀ	16	17				
Any information copied from such Reports ar or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
American Academy of Neuro	logy BrainP	AC												
Full Name of Individual (Last, First, Middle A. Sinclair, David, J., Dr.,	e Initial) or Full O	rganization Name		Date of Receipt										
Mailing Address 106 Woodmont Way			M M / D D / Y Y Y Y Y 11 01 2018											
City	State	Zip Code		Trans	act	ion ID : 4	287378	4						
Ridgeland	MS	39157-8618	A	Amount	t of	Each Re	eceipt th	is Pe	riod					
FEC ID number of contributing federal political committee.	С		100.00											
Name of Employer (for Individual) Mississippi Baptist Medical Center		upation (for Individual) Irologist		Memo Item										
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Primary General	Aggregate	Year-to-Date ▼												
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Full Name of Individual (Last, First, Middle B. Kilgore, Shannon, M., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kilgore, Shannon, M., Dr.,													
Mailing Address 11 Doud Dr				M M / D D / Y Y Y Y 11 02 2018										
City	State	Zip Code	- ·	Trans	acti	ion ID : 4	287380	2						
Los Altos	CA	94022-2323	A			Each Re			riod					
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Name of Employer (for Individual) VA Palo Alto HCS		Occupation (for Individual) Physician				Memo Item								
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Full Name of Individual (Last, First, Middle C. Evans, Randolph, W., Dr.,	e Initial) or Full O	rganization Name		Date of	<sup>F</sup> Re	eceipt								
Mailing Address 4414 Camellia				M M 11	/	02	/ Y	y 201		Y				
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Bellaire	TX	77401-4300	A	Amount	t of	Each Re	eceipt th	is Pe	riod					
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Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Physician				tem								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology														
A.	Full Name of Individual (Last, First, Middle Initia Burke, Cyril, O., Dr., III	al) or Full O	Drgani	zation Name		Date of	Re	eceip	pt						
	Mailing Address 240 Blackstone Blvd				11 02 2018										
	City Providence	State RI		Zip Code 02906-5813	Transaction ID : 42873895 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) Self-Employed		cupatio urolog	on (for Individual) ist		Me	emo	lte	em						
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# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainP	AC									
Full Name of Individual (Last, First, Mide Dawson, Steven, B., Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 603 Gornto Road			11 04 2018								
City	State	Zip Code	Transaction ID : 42874017								
Valdosta	GA	31602-1604	Amount of Each Receipt this Period								
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Name of Employer (for Individual) South Georgia Medical Center		upation (for Individual) ro Hospitalist	Memo Item								
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Mailing Address 1695 Scarlett Dr	11 05 / Y Y Y Y 2018										
City	State	Zip Code	Transaction ID : 42874026								
Pittsburgh	PA	15241-3161	Amount of Each Receipt this Period								
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Name of Employer (for Individual) St Clair Hospital		upation (for Individual) Irologist	Memo Item								
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Las Vegas	NV	89140-1538	Amount of Each Receipt this Period								
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	Laurel	MD	20707-2923		Amoun	t of	Each F	Receipt th	nis Per	iod					
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	Mailing Address 118 Valley View				м м 11	/	D 09		2018		Y				
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A.	Full Name of Individual (Last, First, Middle Initia Wilson, John, R., Dr.,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 928 Mapleton Ave			M M / D D / Y Y Y Y 11 18 2018									
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	Santa Barbara	CA	93105-4301						this Period	ł			
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Mailing Address 434 East Cedar Ave 103				м м 11			23		ү ү 2018	Y			
City Burbank	State CA	Zip Code 91501-3423						289098					
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. Mike Bishop For Congress Mailing Address PO Box 1148 City Brighton Purpose of Disbursement Campaign Contribution Candidate Name Bishop, Michael, D., Rep., Office Sought:	27 30b								
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