

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE

Check if different than previously reported. (ACC) Washington DC 20002

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

C C00435933

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

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on 10 / 20 / 2020 in the State of  

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

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2020 through 10 / 14 / 2020

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

Myren, Kevin C., , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Myren, Kevin C., , Mr.,

[Electronically Filed]

Date

10 / 21 / 2020

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

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		339784.46
(b) Cash on Hand at Beginning of Reporting Period.....	281506.46	
(c) Total Receipts (from Line 19) .....	5519.00	143741.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	287025.46	483525.46
7. Total Disbursements (from Line 31).....	0.00	196500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	287025.46	287025.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2020 To: M M / D D / Y Y Y Y 10 / 14 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2004.00	105488.00
(ii) Unitemized .....	3515.00	38253.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5519.00	143741.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5519.00	143741.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5519.00	143741.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5519.00	143741.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	195500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(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	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	196500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	196500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5519.00	143741.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5519.00	142741.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schwartzbard, Julie, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19451 Ambassador Ct

City Miami	State FL	Zip Code 33179-6429
---------------	-------------	------------------------

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

Name of Employer (for Individual) Aventura Neurologic and Assoc.	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2020

**Transaction ID : 45244141**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Glass, Jamie, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 E BELL RD  
STE 2400

City PHOENIX	State AZ	Zip Code 85032-2181
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Center for Neurology and Spine	Occupation (for Individual) Medical Assistant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2020

**Transaction ID : 45247270**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 8220 Woodberry Blvd

City Chagrin Falls	State OH	Zip Code 44023-4526
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2020

**Transaction ID : 45247271**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Martello, Justin, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9818 Kraft Hill Rd

City Perry Hall	State MD	Zip Code 21128-9305
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Christiana Care Neurology Specialists	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2020

**Transaction ID : 45247276**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Patel, Anup, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1834 Chateaugay Way

City Blacklick	State OH	Zip Code 43004-8001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nationwide Children's Hospital and the	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2020

**Transaction ID : 45247278**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 12112 Aboite Center Rd

City Fort Wayne	State IN	Zip Code 46814-9528
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2020

**Transaction ID : 45247280**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Coni, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1830 B Culbertson Ave  
 City Myrtle Beach State SC Zip Code 29577-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grand Strand Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : 45247485**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Gross, Mitchell, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Greystone Drive  
 City Shavertown State PA Zip Code 18708-9761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : 45247487**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Zieman, Glynnis, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6431 E Sheridan St  
 City Scottsdale State AZ Zip Code 85257-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barrow Neurological Institute Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 45248274**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Noorollah, Lori, Davis, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10142 Craig Drive  
 City Overland Park State KS Zip Code 66212-3427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Neurology Physicians Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2020  
**Transaction ID : 45262673**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Szewka, Aimee, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1149 W. Vernon Park Place Unit H  
 City Chicago State IL Zip Code 60607-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2020  
**Transaction ID : 45262674**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Mueller, Nancy, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Stonybrook Road  
 City Tenafly State NJ Zip Code 07670-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Institute of Neurological Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 45269221**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Cook, Glen, A., Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8701 Sleepy Hollow Lane

City Potomac	State MD	Zip Code 20854-2566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Walter Reed National Military Medical	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2020

**Transaction ID : 45269223**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 2009 Tampa Avenue

City Oakland	State CA	Zip Code 94611-2620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2020

**Transaction ID : 45269224**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3411 Honeysuckle Road

City Ames	State IA	Zip Code 50014-4619
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2020

**Transaction ID : 45269948**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	392.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

Mailing Address 331 Wimbledon Hills Dr SW

City Rochester	State MN	Zip Code 55902-4134
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : 45271308**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 351 N Buffalo Drive Suite B

City Las Vegas	State NV	Zip Code 89145-0301
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2020

**Transaction ID : 45273154**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 4105 Misty Valley Drive

City Middleton	State WI	Zip Code 53562-1067
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2020

**Transaction ID : 45301797**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.00
<b>TOTAL</b> This Period (last page this line number only).....	2004.00