

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

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2015 through 10 / 31 / 2015

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

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 11 / 17 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="114069.08"/>	<input type="text" value="114069.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88986.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26784.82"/>	<input type="text" value="256111.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="115771.80"/>	<input type="text" value="370180.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6500.00"/>	<input type="text" value="260908.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="109271.80"/>	<input type="text" value="109271.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15984.67	185189.71
(ii) Unitemized	10800.15	70921.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26784.82	256111.05
(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)	26784.82	256111.05
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))..... ▶	26784.82	256111.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26784.82	256111.05

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.....	6500.00	260500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	408.33
(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	408.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6500.00	260908.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	260908.33

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26784.82	256111.05
34. Total Contribution Refunds (from Line 28(d))	0.00	408.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26784.82	255702.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. David L. Camenga		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : 38606815
Mailing Address 6 Glenwood Ave		Amount of Each Receipt this Period 125.00
City Augusta	State ME	Zip Code 04330-6906
FEC ID number of contributing federal political committee. C		
Name of Employer Togus Veterans' Adm Med Ctr	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : 38606817
Mailing Address 3141 Neille Lane		Amount of Each Receipt this Period 262.50
City Twinsburg	State OH	Zip Code 44087-3808
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1975.00	

Full Name (Last, First, Middle Initial) C. Dr. Elaine C. Jones		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : 38606818
Mailing Address 212 Bay Spring Ave		Amount of Each Receipt this Period 500.00
City Barrington	State RI	Zip Code 02806-1332
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	887.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Nicholas Elwood Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 2207 E Camino Way

City State Zip Code
Salt Lake City UT 84121-4908

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

Name of Employer Occupation
Univ. of Utah Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015
Transaction ID : 38608497

Amount of Each Receipt this Period
100.00

B. Dr. Allison L. Weathers
Full Name (Last, First, Middle Initial)

Mailing Address 1251 Glencoe Avenue

City State Zip Code
Evanston IL 60203-1935

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

Name of Employer Occupation
RUMC RUMC Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.53

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2015
Transaction ID : 38609180

Amount of Each Receipt this Period
41.67

C. Dr. James M. Gilchrist
Full Name (Last, First, Middle Initial)

Mailing Address 800 Williams Blvd

City State Zip Code
Springfield IL 62704-2806

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

Name of Employer Occupation
SIU School of Med. Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2015
Transaction ID : 38613780

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....	266.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Mill Etienne
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Coe Farm Road
 City Montebello State NY Zip Code 10901-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours Charity Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1168.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : 38618027
 Amount of Each Receipt this Period
 84.00

B. Dr. Gregory D. Cascino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Kal Lane SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : 38618028
 Amount of Each Receipt this Period
 25.00

C. Dr. Erik Perkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 11660 Cypress Canyon Road
 City San Diego State CA Zip Code 92131-3756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 38630068
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	209.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 6970 Broadway Terrace

City State Zip Code
Oakland CA 94611-1950

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

Name of Employer Occupation
John Muir Physical Ntwk Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 09 / 2015
Transaction ID : 38630069

Amount of Each Receipt this Period
100.00

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

Mailing Address 1160 Stoney Run Road

City State Zip Code
Hummelstown PA 17036-8536

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

Name of Employer Occupation
Penn State Hershey Med Center Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
10 / 08 / 2015
Transaction ID : 38632255

Amount of Each Receipt this Period
150.00

C. Dr. John B. Townsend
Full Name (Last, First, Middle Initial)

Mailing Address 774 Christiana Rd Ste 201

City State Zip Code
Newark DE 19713-4221

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

Name of Employer Occupation
Delaware Neuroscience Specialists Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
10 / 08 / 2015
Transaction ID : 38632256

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Laurence J. Kinsella
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Rosemont Ave
 City St. Louis State MO Zip Code 63104-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSM Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : 38637885
 Amount of Each Receipt this Period
 250.00

B. Dr. Vernice E. Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 3980 Sheridan Dr Ste 101A
 City Amherst State NY Zip Code 14226-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DENT Neurologic Institute Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 38638031
 Amount of Each Receipt this Period
 150.00

C. Dr. John R. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Mapleton Ave
 City Oak Park State IL Zip Code 60302-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 38638032
 Amount of Each Receipt this Period
 1040.00

SUBTOTAL of Receipts This Page (optional).....▶	1215.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey L. Gross		Date of Receipt 10 / 09 / 2015 Transaction ID : 38638033
Mailing Address 9 Coach Lane		Amount of Each Receipt this Period 150.00
City Westport	State CT	Zip Code 06880-2108
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Dr. Rada Petrinjac-Nenadic		Date of Receipt 10 / 09 / 2015 Transaction ID : 38641273
Mailing Address 5160 White Cliff Dr		Amount of Each Receipt this Period 300.00
City Memphis	State TN	Zip Code 38117-2134
FEC ID number of contributing federal political committee. C		
Name of Employer James Wong PC	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. James C. Stevens		Date of Receipt 10 / 13 / 2015 Transaction ID : 38641312
Mailing Address 12112 Aboite Center Rd		Amount of Each Receipt this Period 262.50
City Fort Wayne	State IN	Zip Code 46814-9528
FEC ID number of contributing federal political committee. C		
Name of Employer Allied Physicians, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1975.00	

SUBTOTAL of Receipts This Page (optional).....▶	712.50
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Arya Farahmand
Full Name (Last, First, Middle Initial)

Mailing Address 14 Warbler Springs Road

City Lincoln State MA Zip Code 01773-4318

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

Name of Employer New England Neurological Associates, P Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2015
Transaction ID : 38641345

Amount of Each Receipt this Period 150.00

B. Dr. Te-Long Hwang
Full Name (Last, First, Middle Initial)

Mailing Address 7 Birchbark Court

City Columbia State SC Zip Code 29229-9002

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

Name of Employer The Polyclinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 14 / 2015
Transaction ID : 38642764

Amount of Each Receipt this Period 150.00

C. Dr. Terrence L. Cascino
Full Name (Last, First, Middle Initial)

Mailing Address 2931 Stone Park Dr NE

City Rochester State MN Zip Code 55906-7722

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

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2015
Transaction ID : 38646484

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 384.00

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

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

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

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

A. Dr. Daniel C. Potts
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

Name of Employer VA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
10 / 19 / 2015
Transaction ID : 38664626

Amount of Each Receipt this Period
100.00

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

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4160.00

Date of Receipt
10 / 19 / 2015
Transaction ID : 38664628

Amount of Each Receipt this Period
416.00

C. Dr. Steven Schadendorf
Full Name (Last, First, Middle Initial)

Mailing Address 400 Taylor Blvd #301

City Pleasant Hill State CA Zip Code 94523-2160

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

Name of Employer Neurology Medical Group of Diablo Vall Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
10 / 19 / 2015
Transaction ID : 38666957

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 866.00

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

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

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

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

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

Mailing Address 20308 Trolley Crossing Ct.

City State Zip Code
Montgomery Village MD 20886-5838

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1001.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2015
Transaction ID : 38680216

Amount of Each Receipt this Period
1.00

B. Dr. Joseph V. Fritz
Full Name (Last, First, Middle Initial)

Mailing Address 6245 Creekhaven Drive

City State Zip Code
East Amherst NY 14051-2077

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

Name of Employer Occupation
Dent Institute Administrator

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 / 16 / 2015
Transaction ID : 38681739

Amount of Each Receipt this Period
1000.00

c. Dr. Bradley J. Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 1310 Rodeo Rd

City State Zip Code
Arcadia CA 91006-2322

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

Name of Employer Occupation
Magan Medical Clinic Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015
Transaction ID : 38681754

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1501.00

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

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

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

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

A. Dr. Richard J. Schumann
Full Name (Last, First, Middle Initial)

Mailing Address 16776 Bernardo Ctr Dr #209

City San Diego	State CA	Zip Code 92128-2559
-------------------	-------------	------------------------

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

Name of Employer Neurology Associates of San Diego	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : 38681758

Amount of Each Receipt this Period
500.00

B. Dr. Richard Alexan-Shirabad
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10719

City Bakersfield	State CA	Zip Code 93389-0719
---------------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : 38681827

Amount of Each Receipt this Period
250.00

C. Dr. Michael Gruenthal
Full Name (Last, First, Middle Initial)

Mailing Address 23 Greyledge Drive

City Albany	State NY	Zip Code 12211-2055
----------------	-------------	------------------------

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

Name of Employer Albany Medical College	Occupation 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	/	21	/	2015

Transaction ID : 38683983

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 5267 Rich Rd

City Memphis State TN Zip Code 38120-1936

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

Name of Employer University of Tennessee Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 38688421

Amount of Each Receipt this Period 500.00

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

Mailing Address 7575 W Washington Ave, #127-160

City Las Vegas State NV Zip Code 89128-4333

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

Name of Employer Las Vegas Clinic Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 38688433

Amount of Each Receipt this Period 100.00

C. Dr. Katharine W. Heatwole
Full Name (Last, First, Middle Initial)

Mailing Address 4305 Alfriends Trail

City Virginia Beach State VA Zip Code 23455-6101

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

Name of Employer Ocean Psychiatric Group, PC Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 38688434

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Stanley J. Whitney		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : 38688647
Mailing Address 1108 Ronds Pointe Dr. West		Amount of Each Receipt this Period 90.00
City Tallahassee	State FL	Zip Code 32312-6788
FEC ID number of contributing federal political committee. C		
Name of Employer Tallahassee Neurology Associates	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Dr. David S. Saperstein		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : 38688686
Mailing Address 5090 N 40th St Ste 250		Amount of Each Receipt this Period 500.00
City Phoenix	State AZ	Zip Code 85018-2134
FEC ID number of contributing federal political committee. C		
Name of Employer Phoenix Neurological Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Carmela L. Tardo		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : 38688688
Mailing Address 604 Mulligan Way		Amount of Each Receipt this Period 250.00
City Saint Augustine	State FL	Zip Code 32080-5812
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospital/Neurology Dept	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

Name of Employer Rush	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : 38691186

Amount of Each Receipt this Period

84.00

B. Dr. Keith Coffman
Full Name (Last, First, Middle Initial)

Mailing Address 4119 W. 94th Terrace

City Prairie Village	State KS	Zip Code 66207-2713
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FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Mercy Hospital	Occupation Self
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : 38691187

Amount of Each Receipt this Period

50.00

C. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 2990 Blackburn St
Apt. 1104

City Dallas	State TX	Zip Code 75204-3114
----------------	-------------	------------------------

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

Name of Employer Texas Neurology	Occupation COO
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : 38691188

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 24 / 2015
Transaction ID : 38691189

Amount of Each Receipt this Period 850.00

B. Dr. Joseph S. Kass
Full Name (Last, First, Middle Initial)

Mailing Address 4903 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 24 / 2015
Transaction ID : 38691190

Amount of Each Receipt this Period 100.00

C. Dr. Lyell K. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Scenic View Lane SW

City Rochester State MN Zip Code 55902-2575

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

Name of Employer Mayo MN Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.00

Date of Receipt 10 / 24 / 2015
Transaction ID : 38691192

Amount of Each Receipt this Period 23.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Michael R. Yochelson
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Commander Drive

City Hyattsville State MD Zip Code 20782-1025

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

Name of Employer MedStar National Rehabilitation Hospit Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **836.04**

Date of Receipt
10 / 24 / 2015
Transaction ID : 38691193

Amount of Each Receipt this Period
84.00

B. Dr. Jaffar Khan
Full Name (Last, First, Middle Initial)

Mailing Address 292 Riverford Way

City Lawrenceville State GA Zip Code 30043-6416

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

Name of Employer Emory Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt
10 / 24 / 2015
Transaction ID : 38691194

Amount of Each Receipt this Period
84.00

C. Dr. Gregory J. Esper
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

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

Name of Employer Emory Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
10 / 25 / 2015
Transaction ID : 38691217

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **210.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David R. Greeley
Full Name (Last, First, Middle Initial)

Mailing Address 1125 E 27th Avenue

City State Zip Code
Spokane WA 99203-3348

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

Name of Employer Occupation
Northwest Neurological Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2015
Transaction ID : 38691218

Amount of Each Receipt this Period
500.00

B. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City State Zip Code
Union ME 04862-4628

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

Name of Employer Occupation
Penobscot Bay Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2015
Transaction ID : 38691219

Amount of Each Receipt this Period
200.00

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

Mailing Address 208 Hadley Ct

City State Zip Code
Winston Salem NC 27106-4489

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

Name of Employer Occupation
Wake Forest Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2015
Transaction ID : 38691220

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Colleen Vanderkolk		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2015 Transaction ID : 38691221
Mailing Address 704 Thurrock Circle		Amount of Each Receipt this Period 850.00
City Brentwood	State TN	Zip Code 37027-1504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 850.00
Name of Employer St. Thomas Medical Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Dr. David W. Brandes		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2015 Transaction ID : 38691222
Mailing Address 106 Autumn Woods Drive		Amount of Each Receipt this Period 85.00
City Sweetwater	State TN	Zip Code 37874-6482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Dr. Yoon-Hee Cha		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2015 Transaction ID : 38691223
Mailing Address 4313 South Retana Avenue		Amount of Each Receipt this Period 50.00
City Broken Arrow	State OK	Zip Code 74011-1398
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer St. Francis Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Faisal M. Qazi
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City	State	Zip Code
Fullerton	CA	92833-2221

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

Name of Employer	Occupation
Inland Neurologic Consultants	Neurologist

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		25		2015

Transaction ID : 38691224

Amount of Each Receipt this Period

850.00

B. Dr. John Y. Choi
Full Name (Last, First, Middle Initial)

Mailing Address 125 Medical Cir Ste A

City	State	Zip Code
Winchester	VA	22601-3322

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

Name of Employer	Occupation
Winchester Neurological Consultants	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 38691233

Amount of Each Receipt this Period

500.00

C. Dr. Alireza Minagar
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City	State	Zip Code
Shreveport	LA	71115-4606

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

Name of Employer	Occupation
LA State University Health Sciences Ct	Physician

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		26		2015

Transaction ID : 38691250

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional).....▶	627.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J. Kaminski		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : 38692324
Mailing Address 2307 Valley Brook Rd		Amount of Each Receipt this Period 1000.00
City Nashville	State TN	Zip Code 37215-2016
FEC ID number of contributing federal political committee. C		
Name of Employer St Thomas Neurology Specialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Nilay R. Shah		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : 38697704
Mailing Address 160 W. 66th St Apt. 22J		Amount of Each Receipt this Period 1500.00
City New York	State NY	Zip Code 10023-6558
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven J. Cavalier		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015 Transaction ID : 38700451
Mailing Address 3726 Ridgetop Dr		Amount of Each Receipt this Period 125.00
City Baton Rouge	State LA	Zip Code 70809-2637
FEC ID number of contributing federal political committee. C		
Name of Employer Baton Rouge Clinic, AMC	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4732 Lost Creek Lane

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : 38700454

Amount of Each Receipt this Period **100.00**

B. Dr. John W. Henson
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Howell Mill Road NW, Suite 62

City Atlanta State GA Zip Code 30318-2538

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : 38700455

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2062.00**

Date of Receipt **10 / 28 / 2015**

Transaction ID : 38700456

Amount of Each Receipt this Period **223.00**

SUBTOTAL of Receipts This Page (optional)..... **373.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Lily Jung Henson			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015 Transaction ID : 38700457
Mailing Address 4785 Kitty Hawk Drive			Amount of Each Receipt this Period 416.00
City Atlanta	State GA	Zip Code 30342-2506	
FEC ID number of contributing federal political committee. C			
Name of Employer Piedmont Healthcare	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4160.00		

Full Name (Last, First, Middle Initial) B. Dr. Gregory L. Barkley			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015 Transaction ID : 38700458
Mailing Address 2890 Burlington St			Amount of Each Receipt this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-1435	
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Ford Hospital	Occupation Neurologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Dr. Bruce Sigsbee			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2015 Transaction ID : 38700484
Mailing Address 1199 Sennebec Rd			Amount of Each Receipt this Period 10.00
City Union	State ME	Zip Code 04862-4628	
FEC ID number of contributing federal political committee. C			
Name of Employer Penobscot Bay Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2010.00		

SUBTOTAL of Receipts This Page (optional).....▶	526.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Wenchiang Han
Full Name (Last, First, Middle Initial)

Mailing Address 414 G Street

City Marysville State CA Zip Code 95901-5663

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 26 / 2015
Transaction ID : 38700717

Amount of Each Receipt this Period
150.00

B. Dr. Joseph H. Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 52 Bluff Rd

City Barrington State RI Zip Code 02806-4314

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

Name of Employer Brown University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 30 / 2015
Transaction ID : 38710176

Amount of Each Receipt this Period
150.00

C. Dr. Cynthia Bodkin
Full Name (Last, First, Middle Initial)

Mailing Address 6004 Pebblestream Dr

City Carmel State IN Zip Code 46033-8371

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

Name of Employer Indiana University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 31 / 2015
Transaction ID : 38710187

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	15984.67

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address PO Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution to Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 38670668

Amount of Each Disbursement this Period

2500.00

Contribution to Leadership PAC

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian St
237

City State Zip Code
Indianapolis IN 46260

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Susan Brooks

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 38699727

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Campaign Contribution

Candidate Name

Sen. Pat Toomey

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 38699738

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Mike Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 38699740

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 406 Virginia Ave.

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Leadership PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 38699759

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 38699761

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Susan Brooks

Mailing Address 9425 N Meridian St
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Void - Friends Of Susan Brooks

Candidate Name

Rep. Susan Brooks

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 38711379

Amount of Each Disbursement this Period

-2000.00

Void - Friends Of Susan Brooks

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-2000.00

6500.00