Image#	20170 <sup>-</sup>	131904	42252139

**FEC** 

FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Of	ffice Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
American Academy of Ne	urology BrainPA				
ADDRESS (number and street)	01 C St NE				
Check if different than previously reported. (ACC)	Vashington				20002
2. FEC IDENTIFICATION NUMB		TY 🔺	S		ZIP CODE
C C00435933			NEW N) <b>OR</b>	AMEN (A)	IDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	Aug 20	Year Only)
(a) Quarterly Reports:			Jun 20 (M6)	Sep 20	Year Only)
April 15 Quarterly Report (Q1)			Jul 20 (M7)	Oct 20 (	
July 15 Quarterly Report (Q2)	(C) 12-Day <b>PRE</b> -Election Report for the:	Convention		General (120 Special (12S	
October 15 Quarterly Report (Q3)		/		Y Y Y Y	, in the
January 31 Year-End Report (YE)	Electi	ion on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)		ion on	D D /	Y Y Y Y Y	in the State of
5. Covering Period	29 / Y Y Y 2016	through	M M 12	/ D D / Y 31	2016
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best o Engel, Timothy J., , Mr.,	of my knowledge and	belief it is true	e, correct and co	omplete.
Signature of Treasurer	nothy J., , Mr.,	[Electronical]	y Filed] Da	ate 01	7 D D 7 Y Y Y Y 31 2017
NOTE: Submission of false, erroneous	, or incomplete information	on may subject the per	son signing thi	is Report to the p	penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

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X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

#### FEC Form 3X (Rev. 05/2016) Write or Type Committee Name American Academy of Neurology BrainPAC M D D М D М N T. 11 29 2016 12 31 2016 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 147260.14 January 1, 2016 (b) Cash on Hand at 146738.59 Beginning of Reporting Period..... 36294.88 365563.33 Total Receipts (from Line 19) ..... (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 512823.47 183033.47 6(a) and 6(c) for Column B)..... 0.00 329790.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 183033.47 183033.47 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. 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:		To: 12 / D D / Y Y Y 31 / 2016
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	18199.88	261660.20
(i) Itemized (use Schedule A)	10199.00	261660.38
(ii) Unitermized	18095.00	103402.95
<ul><li>(ii) Unitemized</li><li>(iii) TOTAL (add</li></ul>	10033.00	
Lines 11(a)(i) and (ii)	36294.88	365063.33
		47. 47. 48.
(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)▶	36294.88	365063.33
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Leen Deneumente Deseñved	0.00	0.00
Loan Repayments Received	0.00	
Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	500.00
Other Federal Receipts		412 412 412
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		47. 47. 48.
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	36294.88	365563.33
Total Federal Receipts		

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......▶

36294.88

365563.33

Page 3

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
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	0.00	327500.00
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 Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	2290.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
<ul><li>(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))</li></ul>	0.00	2290.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101	4	
(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
Total Disbursements (add Lines 21(c), 22,	1 Apr Apr Apr	<u> </u>
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	0.00	329790.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	329790.00
		02010000

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### 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) .....

						36294.88
<b>}</b>		7			7	
		-7			-	0.00
						36294.88
		-7			-7	30234.00
						0.00
	÷	-7-	÷	÷	-7	
1.1						0.00
<b>H</b>	÷	-7	÷	÷	-7	
						0.00

365063.33 2290.00 362773.33 0.00 7 0.00 0.00

COLUMN B

Calendar Year-to-Date

#### Page 5

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

32

ITEMIZED RECEIPTS		ach category of the iled Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainPAC												
Full Name of Individual (Last, First, Middle A. Alves, Angelo, M., Dr.,	Initial) or Full Organizat	tion Name	Date of Receipt										
Mailing Address 5880 49th St N Ste N108			11 / D D / Y Y Y Y 2016										
City Saint Petersburg		Code 3709-9100	Transaction ID : 40284998 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		1000.00										
Name of Employer (for Individual) Saint Petersburg	Occupation Neurologist	(for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1500.00											
Full Name of Individual (Last, First, Middle B. Potts, Daniel, C., Dr.,	Initial) or Full Organizat	tion Name	Date of Receipt										
Mailing Address 136 Covey Chase			11 30 / Y Y Y Y Y 11 30 2016										
City Tuscaloosa		Code 5406-1801	Transaction ID : 40285438 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) VA	Occupation Physician	(for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	Date ▼ 1100.00											
Full Name of Individual (Last, First, Middle C. Sumner, Austin, J., Dr.,	Initial) or Full Organizat	tion Name	Date of Receipt										
Mailing Address 625 Saint Charles Ave Ap			11 30 / Y Y Y Y 2016										
City New Orleans		Code 0130-3421	Transaction ID : 40285439										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer (for Individual) LSU Health Sci Ctr/Dept of Neurology	Occupation Physician	(for Individual)	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 600.00											
SUBTOTAL of Receipts This Page (optional	)	•	1250.00										

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

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

-

### 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									

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	<b>X</b> 11			11b 14	11c 15		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP.	AC										
A.	Full Name of Individual (Last, First, Middle Initia Eliashiv, Dawn, , Dr.,	al) or Full O	rganization Name	Date	e of	Re	ceipt						
	Mailing Address 204 South Stanley Drive				<sup>™</sup>	1	01			2016	Y		
	City Beverly Hills	State CA	Zip Code 90211-3005					402873 leceipt 1		Period			
	FEC ID number of contributing federal political committee.	С							_	250.0	0		
	Name of Employer (for Individual) UCLA		upation (for Individual) sician		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
в.	Full Name of Individual (Last, First, Middle Initia Jones, Elaine, C., Dr.,	al) or Full O	rganization Name	Date	e of	Re	ceipt						
	Mailing Address 50 Park Row West Apt 621			M	™ 12	1	01			016	Y		
	City Providence	State RI	Zip Code 02903-1149					402873 leceipt 1		Period			
	FEC ID number of contributing federal political committee.	С						1 - 97-	_	409.0	9		
	Name of Employer (for Individual) Self		upation (for Individual) sician		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.99										
с.	Full Name of Individual (Last, First, Middle Initia Gilchrist, James, M., Dr.,	al) or Full O	rganization Name	Date	e of	Re	ceipt						
	Mailing Address 51 Forest Ridge				™ 12	/	01			016	Y		
	City Springfield	State IL	Zip Code 62712-8910					402873 leceipt 1		Period			
	FEC ID number of contributing federal political committee.	С			_		y :	. ,	_	125.0	0		
	Name of Employer (for Individual) SIU School of Med.		upation (for Individual) rologist		Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00										
s	UBTOTAL of Receipts This Page (optional)						y 1	. ,		784.0	9		
т	OTAL This Period (last page this line number o	nly)	••••••		Ξ		<b>.</b>	-					

PAGE 7 OF

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

(check only one)

PAGE 8 OF

TEMIZED RECEIPTS	Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12												
		13 14 15 16 17												
or for commercial purposes, other than	orts and Statements may not be sold or used by any using the name and address of any political commi													
NAME OF COMMITTEE (In Full)														
American Academy of Ne	eurology BrainPAC													
Full Name of Individual (Last, First, Johnson, Nicholas, Elwood, Dr.	Middle Initial) or Full Organization Name	Date of Receipt												
Mailing Address 2207 E Camino Wa	,	M M / D D / Y Y Y Y Y 12 02 2016												
City	State Zip Code	Transaction ID : 40291051												
Salt Lake City	UT 84121-4908	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	100.00												
Name of Employer (for Individual) Univ. of Utah	Occupation (for Individual) Neurologist	Memo Item												
Receipt For:	Aggregate Year-to-Date ▼													
Primary General Other (specify) ▼	1200.00													
Full Name of Individual (Last, First, B. Yochelson, Michael, R., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt												
Mailing Address 3919 Commander D	rive	12 03 2016												
City	State Zip Code	Transaction ID : 40295022												
Hyattsville	MD 20782-1025	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	84.00												
Name of Employer (for Individual) MedStar National Rehabilitation Hosp	it Occupation (for Individual)	Memo Item												
Receipt For:	Aggregate Year-to-Date ▼													
Primary General Other (specify) ▼	1008.00													
Full Name of Individual (Last, First, C. Murra, Salvador, E., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt												
Mailing Address 11307 FM 1960 Rd	W Ste 140	12 03 / Y Y Y Y 2016												
City	State Zip Code	Transaction ID: 40295023												
Houston	TX 77065-3687	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	100.00												
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item												
Cyfair Headache & Neurology Clinic	Neurologist	_												
Receipt For:	Aggregate Year-to-Date ▼													
Primary General														
Other (specify)	300.00													
SUBTOTAL of Receipts This Page (or	btional)	284.00												
TOTAL This Period (last page this line	number only)													

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

				or each category of the Detailed Summary Page	×		1a 3		11   14	-	_	11c 15	$\left  - \right $	12 16	17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r					for	the p		200	se of	sol	iciting		ntribut	ions	
	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC	;												
Α.	Full Name of Individual (Last, First, Middle Initia Riaz, Awais, , Dr.,	al) or Full O	rgai	nization Name	Date of Receipt											
	Mailing Address 4462-D Maybeck Place	State		Zip Code		L	12 rans:	/ acti	L	03 03		9502	20	)16	Y	
	Salt Lake City	UT		84124-2651								ipt th		eriod		
	FEC ID number of contributing federal political committee.	С							,			- -		250.0	00	
	Name of Employer (for Individual) Univ. of Utah	Occu Neu	•	tion (for Individual) gist			Me	emo	lt.	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000.00	1											
B.	Full Name of Individual (Last, First, Middle Initia Weathers, Allison, L., Dr.,	al) or Full O	rgai	nization Name		Dat	te of	Re	се	ipt						
	Mailing Address 8220 Woodberry Blvd						12 <sup>™</sup>	/	Ľ	03		Y	ү 20	16 1	Y	
	City Chagrin Falls	State OH		Zip Code 44023-4526					-		-	9502 9502	-	eriod		
	FEC ID number of contributing federal political committee.	С				41.67										
	Name of Employer (for Individual) RUMC		•	tion (for Individual) Neurologist			Me	emo	lt	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.04	]											
С.	Full Name of Individual (Last, First, Middle Initia Benish, Sarah, M., Dr.,	al) or Full O	rgai	nization Name		Dat	te of	Re	се	ipt						
	Mailing Address 5949 Bradbury Court			1		_	12 <sup>M</sup>	/	L	03			20	16 <sup>°</sup>	Y	
	City Inver Grove Heights	State MN		Zip Code 55076-1597								29502		oriod		
	FEC ID number of contributing federal political committee.	С				Am	ount	U	Ea		iece	ipt th	IS P	250.0	00	
	Name of Employer (for Individual) Fairview Health Services	Occu Neur	•	tion (for Individual) gist			Me	emo	) It	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1000.00	]											
						_	-	_		_	_	_	_	_	_	

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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 o	(check only one)						
II LIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 11 14 15			17			
Any information copied from such Reports a or for commercial purposes, other than using							;			
American Academy of Neuro	logy BrainP	AC								
Full Name of Individual (Last, First, Middle Minto, Elizabeth, , Dr.,	e Initial) or Full O	organization Name	Date of Re	eceipt						
Mailing Address 553 N. Mobile Street			12	/ D D / 04	ү 2016					
City Fairhope	State AL	Zip Code 36532-2609		tion ID : 4029 Each Receip		od				
FEC ID number of contributing federal political committee.	C				2	20.00				
Name of Employer (for Individual) University of South Alabama		upation (for Individual) sician	Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
Full Name of Individual (Last, First, Middle B. Cascino, Gregory, D., Dr.,	e Initial) or Full O	organization Name	Date of R	eceipt						
Mailing Address 2106 Kal Lane SW			12 M	, D D / 04	2016					
City Rochester	State MN	Zip Code 55905-0001		t <b>ion ID : 4029</b> f Each Receip		od				
FEC ID number of contributing federal political committee.	s a l				2	25.00				
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) <i>r</i> sician	Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
Full Name of Individual (Last, First, Middle C. Hiller, Amie, L., Dr.,	e Initial) or Full O	Prganization Name	Date of R	eceipt						
Mailing Address 3846 SE Alder St			12	/ D D / 05	2016					
City Portland	State OR	Zip Code 97214-3226		tion ID : 4029		od				
FEC ID number of contributing federal political committee.	С			y	2	20.00				
Name of Employer (for Individual) Portland VA / OHSO		upation (for Individual) sician	Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00								
SUBTOTAL of Receipts This Page (optiona	l)				6	65.00				
TOTAL This Period (last page this line num	ber only)					-				

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

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

		Use separate schedule(s)	(check only one)						
II LIVIIZED RECEIPIO		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 be 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 A. Kissela, Brett, M., Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9878 Zig Zag Road			12 05 / Y Y Y Y 12 05						
City Cincinnati	State OH	Zip Code 45242-6311	Transaction ID : 40304231 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Univ of Cincinnati, Dept of Neuro		upation (for Individual) Irologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
Full Name of Individual (Last, First, Mide B. Rave, Todd, A., Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3240 Parkwood Dr			11 30 / Y Y Y Y						
City	State WI	Zip Code	Transaction ID : 40312295						
Stevens Point	VVI	54481-5571	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) MMG		upation (for Individual) Irologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (specify)		465.00	]						
Full Name of Individual (Last, First, Mide C. Perkins, Erik, , Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 11660 Cypress Canyon			12 08 / Y Y Y Y 2016						
City San Diego	State CA	Zip Code 92131-3756	Transaction ID : 40317349						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
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 ▼ 1636.00	]						
SUBTOTAL of Receipts This Page (option	al)		559.00						
TOTAL This Period (last page this line nu	mber only)		• • • • • • • • • • •						

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

IEMIZED RECEIPIS	for each category of the	<b>X</b> 11a 11b 11c 12					
	Detailed Summary Page						
Any information copied from such Reports and Sta or for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full)	5 . 540						
angle American Academy of Neurology	/ BrainPAC						
Full Name of Individual (Last, First, Middle Initia Etienne, Mill, , Dr.,	al) or Full Organization Name	Date of Receipt					
Mailing Address 19 Coe Farm Road		12 / D D / Y Y Y Y 2016					
City Montebello	State Zip Code NY 10901-2908	Transaction ID : 40317350					
	10901-2906	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	84.00					
Name of Employer (for Individual) Bon Secours Charity Health	Occupation (for Individual) Physician	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	—					
Primary General Other (specify) ▼	1008.00	1					
Full Name of Individual (Last, First, Middle Initia . Smith, Marsha, , Dr.,	al) or Full Organization Name	Date of Receipt					
Mailing Address 94 Shenandoah Court	12 09 2016						
City	State Zip Code	Transaction ID : 40323254					
Portsmouth	OH 45662-8660	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Southern OH Med. Center	Occupation (for Individual) Neurologist	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1000.00	]					
Full Name of Individual (Last, First, Middle Initia . Holtz, Steven, J., Dr.,	al) or Full Organization Name	Date of Receipt					
Mailing Address 6970 Broadway Terrace		12 09 2016					
City	State Zip Code	Transaction ID : 40323255					
Oakland	CA 94611-1950	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) John Muir Physical Ntwk	Occupation (for Individual) Neurologist	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General		1					
Other (specify)	1200.00	1					
SUBTOTAL of Receipts This Page (optional)		284.00					
SUBTOTAL of Receipts This Page (optional)							

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

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•••			Detailed Summary Page	×	11a		11b	11c		12	
_					13		14	15		16	17
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	y not be sold or used by any p ddress of any political committee	erson f e to so	or the licit coi	purp ntrib	oose of utions f	soliciting		ntribut mmitt	ions ee.
$\setminus$	NAME OF COMMITTEE (In Full)										
$\langle \rangle$	American Academy of Neurolo	gy BrainP	AC								
Α.	Full Name of Individual (Last, First, Middle I Kinsella, Laurence, J., Dr.,	nitial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 235 Rosemont Ave				<sup>M</sup> 12	/	D 11	) / Y	Y 20	) 216	Y
	City	State	Zip Code		Trans	acti	on ID :	4032531	9		
	St. Louis	MO	63104-2412	/	Amount	t of	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	C								25.0	00
	Name of Employer (for Individual)	Осси	pation (for Individual)		M	emo	Item				
	SSM	Neu	rologist								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General			11.							
	Other (specify) <b>v</b>		300.00								
В.	Full Name of Individual (Last, First, Middle I Noorian, Alireza, , Dr.,	nitial) or Full O	rganization Name	1	Date of	f Re	ceipt				
	Mailing Address 77 Lehigh Aisle				M M 12	/	12	) / Y	20	)16	Y
	City	State	Zip Code		Trans	acti	on ID :	4032533	9	_	
	Irvine	CA	92612-4105				-	Receipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С								20.0	00
	Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) rologist		M	emo	Item				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) V		220.00								
с.	Full Name of Individual (Last, First, Middle I Jones, Lyell, K., Dr.,	nitial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 2055 Scenic View Lane SW				<sup>M</sup> 12	/	D 12			)16 <sup>°</sup>	Y
	City	State	Zip Code		Trans	acti	ion ID :	4032534	0		
	Rochester	MN	55902-2575	/	Amount	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					y .	. ,		84.0	00
	Name of Employer (for Individual) Mayo MN		ipation (for Individual) ologist		М	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General			1							
	Other (specify)		588.00								
s	UBTOTAL of Receipts This Page (optional)	1								129.0	00

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		(check only one)							
			Detailed Summary Page	×	11a 13		11b 14	11c	12		17	
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committe	erson fo e to soli	or the	pur ntrit	pose of outions	f solicitir	ng contrib	butio	ns	
\	NAME OF COMMITTEE (In Full)											
/ '	American Academy of Neurolog	y BrainP	AC									
	Full Name of Individual (Last, First, Middle Init Moschonas, Constantine, , Dr.,	ial) or Full O	organization Name	D	ate o	f Re	eceipt					
N	Mailing Address 8113 E Del Cuarzo Dr				м м 12	/	15		Y Y Y 2016		1	
C	Dity	State	Zip Code		Trans	sact	ion ID :	403311	90		1	
_	Scottsdale	AZ	85258-2254	A	moun	t of	Each F	Receipt t	this Perio	bd		
	EC ID number of contributing ederal political committee.							75	0.00	_		
Ā	Name of Employer (for Individual)	Occi	upation (for Individual)	- I	М	emo	o Item					
	Four Peaks Neurology	sician										
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify) V	L	3000.00									
	Full Name of Individual (Last, First, Middle Init Varipapa, Robert, J., Dr.,	ial) or Full O	organization Name	D	ate o	f Re	eceipt					
_	Mailing Address 1074 S State St				M M 12	/	15		2016	Ý	1	
Ō	Dity	State	Zip Code		Trans	act	ion ID :	403311	91		1.1	
_	Dover	DE	19901-6925						this Perio	bd		
	EC ID number of contributing ederal political committee.	С							5	0.00		
- 1 0	Name of Employer (for Individual) CNMRI		upation (for Individual) urologist	1	М	emo	o Item					
Ē	Receipt For:		Year-to-Date ▼	_								
	Primary General	riggiogato		11.								
	Other (specify) ▼	L	300.00									
	- Full Name of Individual (Last, First, Middle Init Khan, Jaffar, , Dr.,	ial) or Full O	organization Name		ate o	f Re	eceipt					
_	Aailing Address 292 Riverford Way				M 12	/	15		2016		1	
C	Dity	State	Zip Code		Trans	sact	ion ID :	: 403311	92			
_	Lawrenceville	GA	30043-6416	A	moun	t of	Each F	Receipt 1	this Perio	bd		
	EC ID number of contributing ederal political committee.	С					y	. ,	17	8.00		
Ī	Name of Employer (for Individual)	Occi	upation (for Individual)	- 1	М	lem	o Item					
	Emory Clinic		rologist									
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		4000.00	11								
	Other (specify)	L	1000.00	1								
su	BTOTAL of Receipts This Page (optional)						,	. ,	97	8.00		
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Use separate schedule(s) (check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainP	AC	
Full Name of Individual (Last, First, Midd         A.       Burkholder, David, B., Dr.,         Mailing Address 5189 Scenic Oak Dr. SV         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Mayo Clinic         Receipt For:         Other (specify)         Other (specify)	Date of Receipt		
Full Name of Individual (Last, First, Midd         B. Detrich, Terry, P., Dr.,         Mailing Address 140 S Washington St         City         Easton         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         University of Maryland         Receipt For:         Primary       General         Other (specify) ▼	Date of Receipt          12       15       2016         Transaction ID : 40332519       Amount of Each Receipt this Period         100.00       100.00         Memo Item		
Full Name of Individual (Last, First, Midd         Mishra, Bibhuti, , Dr.,         Mailing Address 5801 Potomac Ave NW         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Inova Fairfax Hospital         Receipt For:         Primary       General         Other (specify)	State DC C Occ Neu	Zip Code 20016-2517 upation (for Individual) rologist Year-to-Date ▼ 570.00	Date of Receipt          12       17       2016         Transaction ID : 40334213       4mount of Each Receipt this Period         50.00       50.00         Memo Item
SUBTOTAL of Receipts This Page (option	al)		250.00
TOTAL This Period (last page this line nu	mber only)		

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 16 OF

TEMIZED 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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainPAC	
Full Name of Individual (Last, First, Middle Cascino, Terrence, L., Dr., Mailing Address 2931 Stone Park Dr NE	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 17 2016 Transaction ID : 40334214
Rochester	MN 55906-7722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Neurologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	
Full Name of Individual (Last, First, Middle <b>B.</b> Kilgore, Shannon, M., Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 11 Doud Dr	12 17 2016	
City Los Altos	StateZip CodeCA94022-2323	Transaction ID : 40334215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	84.00	
Name of Employer (for Individual) VA	Occupation (for Individual) Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 918.66	
Full Name of Individual (Last, First, Middle C. Alam, Tariq, Jawaid, Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1846 Winter Run Ct		12 / D D / Y Y Y Y 12 18 2016
City	State Zip Code MO 63017-5674	Transaction ID : 40334226
Chesterfield FEC ID number of contributing federal political committee.	MO 63017-5674	Amount of Each Receipt this Period
Name of Employer (for Individual) Mercy	Memo Item	
Receipt For:	Neurology           Aggregate Year-to-Date ▼	
Other (specify)	900.00	
SUBTOTAL of Receipts This Page (optional	)	268.00
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Use separate schedule(s)	FOR LINE NUMBER: (check only one)						
for each category of the Detailed Summary Page	🗶 11a 🗌 11b						

TEMIZED 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 ee 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 Song, Sarah, , Dr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2045 W. Concord Place,	#405		12 / D D / Y Y Y Y Y 19 2016					
City Chicago	State IL	Zip Code 60647-5481	Transaction ID : 40334258 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		84.00					
Name of Employer (for Individual) Rush		upation (for Individual) Irologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00						
Full Name of Individual (Last, First, Midd <b>B.</b> Mueller, Nancy, L., Dr., Mailing Address 34 Stonybrook Road	le Initial) or Full O	rganization Name	Date of Receipt					
City	State	Zip Code	12 19 2016 Transaction ID : 40334260					
Tenafly	NJ	07670-1118	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		416.66					
Name of Employer (for Individual) Self		upation (for Individual) vsician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92	]					
Full Name of Individual (Last, First, Midd C. Lange, Dale, J., Dr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 535 E 70th St	1		12 / D D / Y Y Y Y 19 / 2016					
City New York	State NY	Zip Code 10021-4898	Transaction ID : 40336689 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Hospital for Special Surgery		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]					
SUBTOTAL of Receipts This Page (optional	al)		1000.66					
TOTAL This Period (last page this line num	nber only)							

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1b 11c	12	<u> </u>			
Any information copied from such Reports and				se of soliciting					
or for commercial purposes, other than using the	ne name and a	ddress of any political committee	to solicit contribut	ions from such	committe	ee.			
American Academy of Neurolo	oov BrainP	AC							
Full Name of Individual (Last, First, Middle I A. Yerby, Mark, S., Dr.,	nitial) or Full O	rganization Name	Date of Rece	eipt					
Mailing Address Fat Pony Farm 63705 Deschutes Market Ro	ad		12 /	D D / Y 20	y 2016	Y			
City	State	Zip Code	Transaction	n ID : 40345530	6				
Bend	OR	97701-8817	Amount of Ea	ach Receipt thi	s Period				
FEC ID number of contributing federal political committee.	С				250.0	00			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo I	tem					
North Pacific Epilepsy Research	Phy	sician							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00							
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name		• .					
B. Whitney, Stanley, J., Dr., Mailing Address 1108 Ronds Pointe Dr. Wes	•		Date of Rece	·	V V	Y			
Maning Address 1108 Konds Pointe Dr. Wes	l		12	23 / Y	2016	T			
City	State	Zip Code	Transaction	n ID : 40357566	3				
Tallahassee	FL	32312-6788	Amount of Ea	ach Receipt thi	s Period				
FEC ID number of contributing federal political committee.	С		90.00						
Name of Employer (for Individual) Tallahassee Neurology Associates		upation (for Individual) Irologist	Memo I	tem					
Receipt For:	Aggregate	Year-to-Date ▼	-						
Primary General		1090.00							
Other (specify) ▼		1080.00							
Full Name of Individual (Last, First, Middle I Coffman, Keith, , Dr.,	nitial) or Full O	rganization Name	Date of Rece	eipt					
Mailing Address 4119 W. 94th Terrace			12 <sup>M</sup> /	D D / Y 23	2016	Y			
City	State	Zip Code	Transaction	n ID : 4035756	7				
Prairie Village	KS	66207-2713	Amount of Ea	ach Receipt thi	s Period				
FEC ID number of contributing federal political committee.	С			5	50.0	00			
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo I	tem					
Children's Mercy Hospital	Self								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)									
SUBTOTAL of Receipts This Page (optional)	1		· · · · ·		390.0	0			
SUBTUTAL OF Receipts This Page (optional).		•••••••••••••••••••••••••••••••••••••••							
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				etailed Summary Page	×	11a 13		11	- H	_	11C	12	47
	y information copied from such Reports and State for commercial purposes, other than using the na					or the			se of	soli			
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology I	BrainP	AC										
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kass, Joseph, S., Dr., Mailing Address 4903 Valerie						Date of Receipt							Y
City State Bellaire TX								12     23     2016       Transaction ID : 40357568       Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С				_		-			-g=	84.	00
	Name of Employer (for Individual) Baylor College of Medicine		upatio rsiciar	on (for Individual) เ		Me	emo	b It	em				
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1008.00												
в.	Full Name of Individual (Last, First, Middle Initial) Gilmer, William, S., Dr.,	or Full Or	rgani	zation Name		Date of	Re	_	•				
	Mailing Address 2323 Dunstan Rd City State Zip Code					12 / 24 / 2016 Transaction ID : 40357613							
	Houston	ТΧ		77005-2613	A			-				s Period	
FEC ID number of contributing federal political committee.			C					7				85.	00
	Name of Employer (for Individual) Self	Occu Neu		Me	emo	b It	em						
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Year	to-Date ▼ 1020.00									
c.	Full Name of Individual (Last, First, Middle Initial) Jozefowicz, Ralph, F., Dr., Mailing Address 78 Lac Kine Drive	or Full Or	rgani	zation Name		Date of	Re	_	•				X
						<sup>™</sup> 12	ľ	L	24	′		2016	T
	City Rochester	State NY		Zip Code 14618-5608		Trans						<b>1</b> s Period	
	FEC ID number of contributing federal political committee.	С				anount	U	La J		ece	ipt trik	250.	00
Name of Employer (for Individual)OccupationUniversity of RochesterPhysician				Memo Item									
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Year	to-Date ▼ 1000.00									
s	UBTOTAL of Receipts This Page (optional)			•••••				7			y	419.	00
Т	OTAL This Period (last page this line number only	/)		••••••				-,-					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		10					
$\rangle$ American Academy of Ne	eurology BrainP	AC					
Full Name of Individual (Last, First, I Esper, Gregory, J., Dr.,	Aiddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 2477 Oak Grove Est			12 25 2016				
City Atlanta	State GA	Zip Code 30345-3899	Transaction ID : 40357626 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		42.00				
Name of Employer (for Individual) Emory		upation (for Individual) Irologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	]				
Full Name of Individual (Last, First, I B. Sigsbee, Bruce, , Dr.,	Aiddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1199 Sennebec Rd			12 25 2016				
City	State	Zip Code	Transaction ID : 40357627				
Union	ME	04862-4628	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		200.00				
Name of Employer (for Individual) Penobscot Bay Medical Center		upation (for Individual) /sician	Memo Item				
Receipt For:	Aggregate	Year-to-Date <b>V</b>					
Primary General Other (specify) ▼		2400.00	]				
Full Name of Individual (Last, First, I Brashear, Allison, , Dr.,	Aiddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 208 Hadley Ct			M M / D D / Y Y Y Y 12 25 2016				
City Winston Salem	State NC	Zip Code 27106-4489	Transaction ID : 40357628				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
		upation (for Individual) rologist	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00	]				
SUBTOTAL of Receipts This Page (op	tional)		322.00				
TOTAL This Period (last page this line	number only)		•				

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II LIVILLED NEGEIFIS		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 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 Qazi, Faisal, M., Dr.,		rganization Name	Date of Receipt					
Mailing Address 1240 West Valencia Mes			12 / D D / Y Y Y Y 25 2016					
City Fullerton	State CA	Zip Code 92833-2221	Transaction ID : 40357629           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer (for Individual) Inland Neurologic Consultants		upation (for Individual) irologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	]					
Full Name of Individual (Last, First, Midd B. Brandes, David, W., Dr., Mailing Address 106 Autumn Woods Driv		rganization Name	Date of Receipt					
City Sweetwater	State	Zip Code 37874-6482	12 25 2016 Transaction ID : 40357630					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Self								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	]					
Full Name of Individual (Last, First, Midd C. Wiesman, Janice, F., Dr.,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 330 E 38th Street Apt 14D			12 / D D / Y Y Y Y 27 2016					
City New York	State NY	Zip Code 10016-2768	Transaction ID : 40357674           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		209.00					
Name of Employer (for Individual) Boston University School of Medicine		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2508.00	]					
SUBTOTAL of Receipts This Page (optional	al)		379.00					
TOTAL This Period (last page this line nur	mber only)							

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

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			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and Stater for commercial purposes, other than using the nam			erson for the purpose of soliciting contributions			
$\rangle$	American Academy of Neurology E	BrainP/	AC				
Α.	Full Name of Individual (Last, First, Middle Initial) Villa, Kenneth, J., Dr., Mailing Address 4056 Saint James PI	ganization Name	Date of Receipt				
		State	Zip Code	12 28 2016 Transaction ID : 40358735			
	San Diego	CA	92103-1630	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer (for Individual) SHARP San Diego Health Care		pation (for Individual) rologist	Memo Item			
	Receipt For:       Ag         Primary       General         Other (specify) ▼	ggregate `	Year-to-Date ▼ 500.00				
B.	Full Name of Individual (Last, First, Middle Initial) Finney, Glen, R., Dr.,	or Full Or	rganization Name	Date of Receipt			
	Mailing Address 828 Homestead Dr	12 / D D / Y Y Y Y Y 28 2016					
	,	State PA	Zip Code	Transaction ID : 40358737			
	Dallas	PA	18612-7227	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			208.34			
	Name of Employer (for Individual) Geisinger		ipation (for Individual) avioral Neurology	Memo Item			
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate `	Year-to-Date ▼ 2500.08				
с.	Full Name of Individual (Last, First, Middle Initial) Henson, John, W., Dr.,	or Full Or	ganization Name	Date of Receipt			
	Mailing Address 4785 Kitty Hawk Drive			12 / D D / Y Y Y Y Y 28 2016			
	City Atlanta	State GA	Zip Code 30342-2506	Transaction ID : 40358738			
			30342-2300	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			50.00			
	Name of Employer (for Individual) Piedmont Healthcare	Occu Phys	pation (for Individual) ician	Memo Item			
		ggregate '	Year-to-Date ▼				
	Other (specify)		1600.00				
s	UBTOTAL of Receipts This Page (optional)		••••••	383.34			
т	OTAL This Period (last page this line number only)	)	•				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
IILIVIIZED REGEIPIO		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 to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		10						
American Academy of Neur	ology BrainP	AC						
Full Name of Individual (Last, First, Midd A. Schwarz, Heidi, B., Dr.,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 90 Gorham St			M M / D D / Y Y Y Y 12 28 2016					
City Canandaigua	State NY	Zip Code 14424-1805	Transaction ID : 40358739 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Unity Health		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]					
Full Name of Individual (Last, First, Midd 3. Potts, Daniel, C., Dr.,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 136 Covey Chase			12 28 2016					
City Tuscaloosa	State AL	Zip Code 35406-1801	Transaction ID : 40358740 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) VA		upation (for Individual) rsician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]					
Full Name of Individual (Last, First, Midd C. Swanson, Thomas, , Dr.,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6003 West Wyatt Lane			12 / D D / Y Y Y Y 28 2016					
City Boise	State ID	Zip Code 83714-9461	Transaction ID : 40358741 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Self		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]					
SUBTOTAL of Receipts This Page (option	,		450.00					
TOTAL This Period (last page this line nur	mber only)		• <u> </u>					

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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	X         11a         11b         11c         12           13         14         15         16         17				
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
American Academy of Neuro	logy BrainP	AC					
Full Name of Individual (Last, First, Middle Mintz, Mark, , Dr.,	Date of Receipt						
Mailing Address 20 Robin Lake Drive	State	Zip Code	12 28 2016 Transaction ID : 40358743				
Cherry Hill	NJ	08003-2851	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) The Center of Neurological Health		upation (for Individual) sician	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]				
Full Name of Individual (Last, First, Middle B. Stevens, James, C., Dr.,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 12112 Aboite Center Rd			12 28 2016				
City Fort Wayne	State IN	Zip Code 46814-9528	Transaction ID : 40358747 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		209.00				
Name of Employer (for Individual) Allied Physicians, Inc.		upation (for Individual) /sician	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2508.00	]				
Full Name of Individual (Last, First, Middle C. Wang, David, Z., Dr.,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 7020 North Skyline Dr			12 28 2016				
City Peoria	State IL	Zip Code 61614-3147	Transaction ID : 40358749				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) OSF Healthcare		upation (for Individual) rologist	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
SUBTOTAL of Receipts This Page (optiona	l)		584.00				
TOTAL This Period (last page this line num	ber only)	•••••					

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

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions be 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. Popwell, Richard, Earl, Dr., Jr.	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 42 E. Fieldview Circle			12 28 2016
City Bozeman	State MT	Zip Code 59715-7180	Transaction ID : 40358750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) Deaconess Health Group Receipt For: Primary General Other (specify) ▼	Phy	upation (for Individual) sician Year-to-Date ▼ 500.00	Memo Item
Full Name of Individual (Last, First, Middle B. Taylor, Carolyn, L., Dr.,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4732 Lost Creek Lane			12 28 2016
City _Bellingham	State WA	Zip Code 98229-2574	Transaction ID : 40358751 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Northwest Neurology		upation (for Individual) <i>r</i> sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]
Full Name of Individual (Last, First, Middle C. Cohen, Bruce, H., Dr.,	e Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 3141 Neille Lane			M M / D D / Y Y Y Y 12 28 2016
City Twinsburg	State OH	Zip Code 44087-3808	Transaction ID : 40358752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		186.46
Name of Employer (for Individual) Children's Hospital and Med. Center of Receipt For:	Phy	upation (for Individual) sician	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2313.56	1
SUBTOTAL of Receipts This Page (optiona	)		411.46
TOTAL This Period (last page this line num	ber only)		

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>≭</b> 11a 11b 11c 12
		Detailed Summary Faye	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 Neuro	logy BrainP	AC	
Full Name of Individual (Last, First, Middle Lewis, Steven, L., Dr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1725 W Harrison St Ste 1	106		M M / D D / Y Y Y Y 12 28 2016
City	State	Zip Code	Transaction ID : 40358753
Chicago	IL	60612-3845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		209.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Rush Univ. Med. Ctr.	Phy:	sician	_
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		2508.00	]
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name	
3. Jung Henson, Lily, , Dr.,			Date of Receipt
Mailing Address 4785 Kitty Hawk Drive	State	Zip Code	12 / D D / Y Y Y Y 28 / 2016
City Atlanta	GA	30342-2506	Transaction ID : 40358754
		30342-2300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		416.66
Name of Employer (for Individual) Piedmont Healthcare		upation (for Individual) sician	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General	1.33.03.00		1
Other (specify) V		4999.92	
Full Name of Individual (Last, First, Middle C. Barkley, Gregory, L., Dr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2890 Burlington St			M M / D D / Y Y Y Y 12 28 2016
City	State	Zip Code	Transaction ID : 40358755
Ann Arbor	MI	48105-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Henry Ford Hospital Receipt For:	I	rologist	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	1
SUBTOTAL of Receipts This Page (optiona			725.66

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

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

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions te 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. Cha, Yoon-Hee, , Dr.,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4313 South Retana Aven			12 28 2016
City Broken Arrow	State OK	Zip Code 74011-1398	Transaction ID : 40358757 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) St. Francis Hospital		upation (for Individual) Irologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Full Name of Individual (Last, First, Middle B. Selwa, James, F., Dr., Mailing Address 2044 Valleyview Drive	e Initial) or Full C	rganization Name	Date of Receipt
City Ann Arbor	State MI	Zip Code 48105-9588	12     28     2016       Transaction ID : 40359020       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Univ. of Michigan		upation (for Individual) <i>r</i> sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle C. Buchhalter, Jeffrey, R., Dr.,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1331 Windsor Street NW			12 28 2016
City Calgary	State AB	Zip Code T2N 3X2	Transaction ID : 40359501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Alberta Children's Hospital Receipt For:	Chil	upation (for Individual) d Neurologist	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00	]
SUBTOTAL of Receipts This Page (optiona	l)		1550.00
TOTAL This Period (last page this line num	ber 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	×	11a		11b	11c		12	_
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	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\langle \rangle$	NAME OF COMMITTEE (In Full)										
	American Academy of Neurology	y BrainP	AC								
۹.	Full Name of Individual (Last, First, Middle Initi Murnane, Matthew, J., Dr.,	al) or Full O	rganization Name	1	Date of	Re	eceipt				
	Mailing Address 272 South Main Avenue				<sup>M</sup> 12	/	28	/ Y			Ŷ
	City	State	Zip Code		Trans	acti	ion ID :	4035998	33		
	Albany	NY	12208-2301	/	Amount	t of	Each R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С								500.0	0
	Name of Employer (for Individual)		ipation (for Individual) sician		M	emc	Item				
	Albany Medical College Receipt For:										
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
В.	Full Name of Individual (Last, First, Middle Initi McKinnon, Jonathan, Hart, Dr.,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 351 N Buffalo Drive Suite B				<sup>M</sup> 12	/	D D 27	/ Y			Y
	City	State	Zip Code		Trans	acti	ion ID :	4036120	2		
	Las Vegas	NV	89145-0301		Amount	t of	Each R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С								200.0	0
	Name of Employer (for Individual) Las Vegas Clinic		upation (for Individual) rologist		M	emc	ltem				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General			- I -							
	Other (specify) V		1200.00								
с.	Full Name of Individual (Last, First, Middle Initi Nago, Braden, , Dr.,	al) or Full O	rganization Name	1	Date of	Re	eceipt				
	Mailing Address 904 7th Avenue				<sup>M</sup> 12	1	D D 29	/ Y			Y
	City	State	Zip Code		Trans	act	ion ID :	4036121	15       16         oliciting contributing contributing such comm         /       2016         0359983       500         ceipt this Perio       500         /       2016         0361202       200         ceipt this Perio       200         /       2016         0361202       200         /       2016         0361210       ceipt this Perio         ceipt this Perio       200		
	Seattle	WA	98104-1132	/	Amount	t of	Each R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С								500.0	0
	Name of Employer (for Individual) The Polyclinic		upation (for Individual) rologist		М	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								

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

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	ZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		] 1′  14	1b 4		11c 15	12	17
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\ \	nerican Academy of Neurology Br	rainP	AC									
<b>A</b> . Go	Name of Individual (Last, First, Middle Initial) or rdon, Andrew, J., Dr., ng Address 1317 Kenton Road	r Full C	Organization Name		ate of	Re	ece	Ý				
City		tate	Zip Code		12	acti	ior	29 1 <b>ID</b> :		361212	2016	
Dee	rfield	-	60015-2311	A	mount	of	Ea	ach F	Rec	eipt thi	s Period	
	ID number of contributing ral political committee.	;					,			-7-	1500	.00
Nort	e of Employer (for Individual) hwest Neurology eipt For:	Neu	upation (for Individual) urologist		Me	emo	o It	em				
	Primary General Agg Other (specify) ▼	gregate	Year-to-Date ▼ 2500.00									
	Name of Individual (Last, First, Middle Initial) or Vigne, Catherine, , Dr.,		ate of	Re	ece	eipt						
Maili	ng Address 485 Rockingham St			] [	<sup>M</sup> 12	/	ľ	30	)	/ Y	y y 2016	Ŷ
City Roc		tate NY	Zip Code 14620-2517				-			<b>36179</b> 1 eipt thi	l s Perioc	
	ID number of contributing ral political committee.						,			-7-	500	.00
Nam RRH	ne of Employer (for Individual) S		cupation (for Individual) urologist		Me	emo	o It	em				
	eipt For: Primary General Other (specify) ▼	pregate	Year-to-Date ▼ 500.00									
	Name of Individual (Last, First, Middle Initial) or Iefner, Jeremy, M., Dr.,	r Full C	Organization Name		ate of	Re	ece	eipt				
Maili	ng Address 6618 North 48th Street				<sup>M</sup> 12	/	ľ	30		/ Y	2016	Ŷ
City Para		tate \Z	Zip Code 85253-4056	A						<b>36179</b> eipt thi	5 s Perioc	
	ID number of contributing ral political committee.	;		ļ		_	,			5	42	.00
Barr	e of Employer (for Individual) ow Neurological Institute		upation (for Individual) irologist		Me	ema	o It	tem				
	Primary General Agg Other (specify)	gregate	Year-to-Date ▼ 292.00									
SUBT	OTAL of Receipts This Page (optional)		<b>&gt;</b>	[			,		ļ	,	2042	00
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
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Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Net	urology BrainP	AC	
Full Name of Individual (Last, First, M Grant, Edmund, G., Dr.,	-	rganization Name	Date of Receipt
Mailing Address 13801 Bruce B Down	1		12 31 Y Y Y Y Y 2016
City Tampa	State FL	Zip Code 33613-3997	Transaction ID : 40361805 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Florida Medical Clinic		upation (for Individual) Irologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, M	iddle Initial) or Full C	rganization Name	
B. Thomas, Azreena, B., Dr., Mailing Address 13651 Treasure Trail			Date of Receipt
City	State	Zip Code	12 31 2016 Transaction ID : 40361812
San Antonio	ТХ	78232-3508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Self		upation (for Individual) rsician	Memo Item
Receipt For:		Year-to-Date V	
Other (specify)		500.00	
Full Name of Individual (Last, First, M Louden, M, Barry, Dr., Jr.	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5503 1st Ave			12 / D D / Y Y Y Y 12 31 2016
City Vienna	State WV	Zip Code 26105-1946	Transaction ID : 40361818         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Parkersburg Neurological Associates, I		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]
SUBTOTAL of Receipts This Page (opti	onal)		2000.00
TOTAL This Period (last page this line	number only)		

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		Detailed Summary Page		13	-	14	$\vdash$	15		16	17
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NAME OF COMMITTEE (In Full)											
American Academy of Neur	ology BrainP	AC									
Full Name of Individual (Last, First, Midd Callaghan, Maureen, A., Dr.,	lle Initial) or Full O	rganization Name	C	ate of	Re	eceipt					
Mailing Address 1603 Amethyst St SE				<sup>M</sup> 12	1	3		/ Y		) 16	Y
City	State	Zip Code		Trans	acti	ion ID	:4	036937	'9		
Olympia	WA	98501-4200	A	mount	of	Each	Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					-g		-y-	_	100.0	0
Name of Employer (for Individual) Madigan Army Medical Center / Self		upation (for Individual) sician		Me	emc	ltem					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	, 1991 09410										
Other (specify)		600.00									
Full Name of Individual (Last, First, Midd B. Morariu, Mircea, A., Dr.,	lle Initial) or Full O	rganization Name	C	ate of	Re	eceipt					
Mailing Address 855 NE Orchid Bay Dr.				™ 12	1	3	D 1	/ Y	ү 20	16	Y
City	State	Zip Code		Trans	acti	ion ID	: 4	036938	3		
Boca Raton	FL	33487-1751	A	mount	of	Each	Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С							-y-	_	100.0	0
Name of Employer (for Individual) Florida Neurologic Center		upation (for Individual) Irologist		Me	emc	ltem					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			- L -								
Other (specify)		600.00									
Full Name of Individual (Last, First, Midd C. Wulff, John, D., Dr.,	lle Initial) or Full O	rganization Name		ate of	Re	eceipt					
Mailing Address 1508 W White River Blv	b			<sup>M</sup> 12	1	D 2	9 9	/ Y		16	Y
City	State	Zip Code		Trans	act	ion ID	: 4	038885	<b>i</b> 9		
Muncie	IN	47303-4949	A	mount	of	Each	Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					y		y	_	250.0	0
Name of Employer (for Individual) Eastern Indiana Neurology P.C.		upation (for Individual) rologist		Me	emo	b Item					
Receipt For:	Addredate	Year-to-Date ▼									
Other (specify)		250.00	]								
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		Detailed Summary Page	×	11a 13		] 11   14	- H	_	11c 15	12	Г	17
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	NAME OF COMMITTEE (In Full) American Academy of Neurology BrainF	PAC										
A.	Full Name of Individual (Last, First, Middle Initial) or Full (         Lee, Timothy, , Dr.,         Mailing Address 397 Wallace Rd Ste 305         City       State	Ste 305							88867	2016 7		]
	Nashville     TN       FEC ID number of contributing federal political committee.     C	37211-8009	A			-		ecei	ipt thi	s Perio 50	od 0.00	
	Descipt For:	e Year-to-Date ▼ 500.00		IVIE	emo	D Ite	em					
В.	Full Name of Individual (Last, First, Middle Initial) or Full Mailing Address City State	Organization Name	<b>-</b> _	Date of	Re /	_	ipt D D	/	Y	ŶŶ	Ý	
	FEC ID number of contributing federal political committee.	cupation (for Individual)	A		of emo	-		ch Receipt this Period				
	Receipt For:       Aggregate         Primary       General         Other (specify) ▼	e Year-to-Date V										
C.	Full Name of Individual (Last, First, Middle Initial) or Full ( Mailing Address	Organization Name		Date of	Re		ipt D D	/	Y	ΥΥ	Ý	]
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	Primary     General       Other (specify)				_		_	_			_	_
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