

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 201 Chicago Avenue Check if different than previously reported. (ACC) Minneapolis MN 55415

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

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, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2024 through 03 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Myren, Kevin C., Mr.,

Signature of Treasurer Myren, Kevin C., Mr., Date 04 / 18 / 2024

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="370244.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="369356.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11968.00"/>	<input type="text" value="109080.00"/>
(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="381324.51"/>	<input type="text" value="479324.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57500.00"/>	<input type="text" value="155500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="323824.51"/>	<input type="text" value="323824.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8709.00	80431.00
(ii) Unitemized	3259.00	28649.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11968.00	109080.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11968.00	109080.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11968.00	109080.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11968.00	109080.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57500.00	155500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	57500.00	155500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57500.00	155500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	11968.00	109080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11968.00	109080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Reynolds, Wesley, D., Dr.,

Mailing Address 3735 Yates St

City Denver	State CO	Zip Code 80212-2040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CommonSpirit Neurology St. Anthony	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2024
Transaction ID : 50030025

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 235 Rosemont Ave

City St. Louis	State MO	Zip Code 63104-2412
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2024
Transaction ID : 50030047

Amount of Each Receipt this Period
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Prusinski, Christopher, , Dr.,

Mailing Address 119 Lansing Island

City Indian Harbour Beach	State FL	Zip Code 32937-5354
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Christopher J Prusinski,DO,PA	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2024
Transaction ID : 50032403

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	543.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<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. Bronder, Jay, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Merriweather Drive
 Unit 5090
 City Columbia State MD Zip Code 21044-4282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Neurology Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : 50032763
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Kilgore, Shannon, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Doud Dr
 City Los Altos State CA Zip Code 94022-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Veterans Affairs Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : 50032764
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. Carter, Jessica, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 E 44th St
 City Savannah State GA Zip Code 31405-2111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Health University Medical Cen Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : 50032765
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	377.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McKinnon, Jonathan, Hart, Dr.,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : 50032861
Mailing Address 351 N Buffalo Drive Suite B		Amount of Each Receipt this Period 200.00
City Las Vegas	State NV	<input type="checkbox"/> Memo Item
Zip Code 89145-0301	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) Las Vegas Clinic	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Weathers, Allison, L., Dr.,		Date of Receipt MM / DD / YYYY 03 / 07 / 2024 Transaction ID : 50034024
Mailing Address 8220 Woodberry Blvd		Amount of Each Receipt this Period 100.00
City Chagrin Falls	State OH	<input type="checkbox"/> Memo Item
Zip Code 44023-4526	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Antonio, Aileen, , Dr.,		Date of Receipt MM / DD / YYYY 03 / 09 / 2024 Transaction ID : 50038776
Mailing Address 2295 New Town Dr NE		Amount of Each Receipt this Period 200.00
City Grand Rapids	State MI	<input type="checkbox"/> Memo Item
Zip Code 49525-3917	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) Trinity Health Hauenstein Neuroscience	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McCollum, David, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 Bent Creek Dr
 City Lititz State PA Zip Code 17543-8352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine LGH Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 03 / 09 / 2024
Transaction ID : 50038778
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Southerland, Andrew, Mebane, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2627 Holkham Dr
 City Charlottesville State VA Zip Code 22901-9527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 668.00

Date of Receipt 03 / 11 / 2024
Transaction ID : 50038811
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Milstein, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 West 110th Street Apt 6C
 City New York State NY Zip Code 10025-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 03 / 12 / 2024
Transaction ID : 50039584
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	793.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bickel, Jennifer, , Dr.,		Date of Receipt
Mailing Address 5003 W Evelyn Drive		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2024"/>
City Tampa	State FL	Zip Code 33609-3601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 50051396
Name of Employer (for Individual) Moffitt Cancer Center		Occupation (for Individual) Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Riaz, Awais, , Dr.,		Date of Receipt
Mailing Address 1381 E. Hickory Lane		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2024"/>
City Murray	State UT	Zip Code 84121-2502
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 50055661
Name of Employer (for Individual) University of Utah		Occupation (for Individual) Neurologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="627.00"/>	Amount of Each Receipt this Period <input type="text" value="209.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Evans, David, A., Mr.,		Date of Receipt
Mailing Address 6722 Deloache Ave		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2024"/>
City Dallas	State TX	Zip Code 75225-2509
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 50055663
Name of Employer (for Individual) Texas Neurology		Occupation (for Individual) COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1251.00"/>	Amount of Each Receipt this Period <input type="text" value="417.00"/>
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="726.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Smith, Marsha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5988 Capeview PI
 City Mason State OH Zip Code 45040-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverhills Neuroscience Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2024
Transaction ID : 50056690
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Tanner, Caroline, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Acton St
 City Berkeley State CA Zip Code 94702-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California San Fransisco Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2024
Transaction ID : 50056691
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Stavros, Kara, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Pitman Street Apt 105
 City Providence State RI Zip Code 02906-5120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2024
Transaction ID : 50056797
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	327.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Synapticure Inc.	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2024

Transaction ID : 50120144

Amount of Each Receipt this Period
417.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Koenig, Matthew, A., Dr.,

Mailing Address 1416 Koko Head Ave

City Honolulu	State HI	Zip Code 96816-3234
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Queen's Medical Center	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2024

Transaction ID : 50120145

Amount of Each Receipt this Period
125.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Mohile, Nimish, A., Dr.,

Mailing Address 485 Clover Hills Drive

City Rochester	State NY	Zip Code 14618-4713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Rochester Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1251.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2024

Transaction ID : 50120910

Amount of Each Receipt this Period
417.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	751.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schwartzbard, Julie, B., Dr.,		Date of Receipt MM / DD / YYYY 03 / 21 / 2024 Transaction ID : 50120911
Mailing Address 1007 South NorthLake Dr		Amount of Each Receipt this Period 84.00
City Hollywood	State FL	Zip Code 33019-1314
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Aventura Neurologic and Assoc.	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gwynn, Matthews, W., Dr.,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024 Transaction ID : 50124827
Mailing Address 1063 Dunroven Drive		Amount of Each Receipt this Period 2500.00
City Atlanta	State GA	Zip Code 30342-2490
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Atlanta Neurology	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hutchins, John, , Mr.,		Date of Receipt MM / DD / YYYY 03 / 24 / 2024 Transaction ID : 50124856
Mailing Address 201 Chicago Ave		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55415-1126
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	2684.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Finney, Glen, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 Homestead Dr
 City Dallas State PA Zip Code 18612-7227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health Occupation (for Individual) Behavioral Neurology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : 50125786
 Amount of Each Receipt this Period
 417.00
 Memo Item

B. Eliashiv, Dawn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 South Stanley Drive
 City Beverly Hills State CA Zip Code 90211-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : 50125787
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Anderson, Wayne, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Harrison St Apt 42A
 City San Francisco State CA Zip Code 94105-2797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Wayne E Office Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2024
Transaction ID : 50135393
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Friedman, Deborah, I., Dr.,			Date of Receipt MM / DD / YYYY 03 / 28 / 2024 Transaction ID : 50138338
Mailing Address 12123 Edgestone Road			Amount of Each Receipt this Period 84.00
City Dallas	State TX	Zip Code 75230-2341	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) University of Texas Southwestern Medic		Occupation (for Individual) Faculty Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnson, Nicholas, Elwood, Dr.,			Date of Receipt MM / DD / YYYY 03 / 28 / 2024 Transaction ID : 50138341
Mailing Address 11535 GREY OAKS ESTATES RUN			Amount of Each Receipt this Period 125.00
City Glen Allen	State VA	Zip Code 23059-5924	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Virginia Commonwealth University Healt		Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kissela, Brett, M., Dr.,			Date of Receipt MM / DD / YYYY 03 / 28 / 2024 Transaction ID : 50138343
Mailing Address 9878 Zig Zag Drive			Amount of Each Receipt this Period 209.00
City Montgomery	State OH	Zip Code 45242-6311	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) University of Cincinnati		Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 627.00	

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McKinnon, Jonathan, Hart, Dr.,		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 Transaction ID : 50139213
Mailing Address 351 N Buffalo Drive Suite B		Amount of Each Receipt this Period 200.00
City Las Vegas	State NV	Zip Code 89145-0301
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Las Vegas Clinic	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tilton, Ann, H., Dr.,		Date of Receipt MM / DD / YYYY 03 / 06 / 2024 Transaction ID : 50142861
Mailing Address 30 Pelham Dr		Amount of Each Receipt this Period 84.00
City Metairie	State LA	Zip Code 70005-4454
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Children's Hospital New Orleans	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Holtz, Steven, J., Dr.,		Date of Receipt MM / DD / YYYY 03 / 06 / 2024 Transaction ID : 50142863
Mailing Address 2009 Tampa Avenue		Amount of Each Receipt this Period 100.00
City Oakland	State CA	Zip Code 94611-2620
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UCSF	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

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 17 OF 29
	<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"/>	<input type="checkbox"/> 17

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

A. Platzer, Meril, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28404 Foothill Drive
 City Agoura Hills State CA Zip Code 91301-2242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dr. Meril S. Platzer Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2024
Transaction ID : 50142864
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Song, Sarah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1253 Carriage Lane
 City Northbrook State IL Zip Code 60062-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2024
Transaction ID : 50142866
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Jones, Lyell, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2055 Scenic View Lane SW
 City Rochester State MN Zip Code 55902-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 23 / 2024
Transaction ID : 50142868
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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. Posas, Jose, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 Jay St
 City New Orleans State LA Zip Code 70122-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 24 / 2024
Transaction ID : 50142870
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Esper, Christine, Doss, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2477 Oak Grove Estates NE
 City Atlanta State GA Zip Code 30345-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 24 / 2024
Transaction ID : 50142871
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Southerland, Andrew, Mebane, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2627 Holkham Dr
 City Charlottesville State VA Zip Code 22901-9527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 752.00

Date of Receipt 03 / 26 / 2024
Transaction ID : 50142875
 Amount of Each Receipt this Period 84.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sico, Jason, J., Dr.,

Mailing Address 82 Redcoat Lane

City Guilford	State CT	Zip Code 06437-1905
------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Veterans Affairs	Occupation (for Individual) Clinical Reasearch Fellow
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2024

Transaction ID : 50142878

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	8709.00

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)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Colin Allred For Senate

Mailing Address PO Box 601631

City Dallas State TX Zip Code 75360

Purpose of Disbursement Political Contribution Category/Type 011

Candidate Name Allred, Colin, , Rep., Office Sought: Senate Disbursement For: 2024 Primary

Date of Disbursement 03 / 02 / 2024

FEC Identification Number C00839597 Transaction ID : 50030030 Amount of Each Disbursement this Period 2000.00

Political Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Friends To Elect Dr. Greg Murphy To Congress

Mailing Address PO Box 1131

City Greenville State NC Zip Code 27835

Purpose of Disbursement Political Contribution Category/Type 011

Candidate Name Murphy, Gregory, , Rep., Office Sought: Senate Disbursement For: 2024 Primary

Date of Disbursement 03 / 02 / 2024

FEC Identification Number C00697649 Transaction ID : 50030032 Amount of Each Disbursement this Period 2500.00

Political Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. McConkey For Congress

Mailing Address PO Box 147

City New Hill State NC Zip Code 27562

Purpose of Disbursement Political Contribution Category/Type 011

Candidate Name McConkey, Joshua, , Mr., Office Sought: Senate Disbursement For: 2024 Primary

Date of Disbursement 03 / 02 / 2024

FEC Identification Number C00833889 Transaction ID : 50030033 Amount of Each Disbursement this Period 1000.00

Political Contribution Memo Item

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"/> 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. Dr Mary Ann Contogiannis For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2024

Mailing Address PO Box 97275

FEC Identification Number

C	C00810408
---	-----------

Transaction ID : 50030034

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

City Raleigh State NC Zip Code 27624

Purpose of Disbursement Political Contribution 011 Category/Type

Candidate Name Contogiannis, Mary, , Dr.,
Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NC District: 06

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2024

Mailing Address PO Box 939

FEC Identification Number

C	C00607416
---	-----------

Transaction ID : 50120842

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

City Langhorne State PA Zip Code 19047

Purpose of Disbursement Political Contribution 011 Category/Type

Candidate Name Fitzpatrick, Brian, , Rep.,
Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: PA District: 01

Full Name (Last, First, Middle Initial)

C. People For Ben

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2024

Mailing Address PO Box 31129

FEC Identification Number

C	C00443689
---	-----------

Transaction ID : 50120843

Amount of Each Disbursement this Period

2000.00

Memo Item Political Contribution

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement Political Contribution 011 Category/Type

Candidate Name Lujan, Ben, Ray, Rep., Jr.
Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: NM District: 03

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

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

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Dr Kim Schrier For Congress

Mailing Address 3020 Issaquah Pine Lake Rd Se
Box 331

City Sammamish State WA Zip Code 98075

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Schrier, Kim, , Rep.,

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

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

Date of Disbursement

Date: 03 / 20 / 2024

FEC Identification Number

C00652628

Transaction ID : 50120845

Amount of Each Disbursement this Period

5000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Jay Obernolte For Congress

Mailing Address 824 S Milledge Ave Ste 101

City Athens State CA Zip Code 30605

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Obernolte, Jay, , Rep.,

Office Sought: [X] House [] Senate [] President
State: CA District: 23

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

Date of Disbursement

Date: 03 / 20 / 2024

FEC Identification Number

C00720078

Transaction ID : 50120846

Amount of Each Disbursement this Period

1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: [X] House [] Senate [] President
State: FL District: 14

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

Date of Disbursement

Date: 03 / 20 / 2024

FEC Identification Number

C00410761

Transaction ID : 50120847

Amount of Each Disbursement this Period

1000.00

[] Memo Item Political Contribution

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

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

7000.00

[]

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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Blake Moore For Congress

Mailing Address 358 South 700 E B505

City Salt Lake City State UT Zip Code 84102

Purpose of Disbursement

Political Contribution

011

Candidate Name

Moore, Blake, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: UT District: 01

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

Date of Disbursement

Date of Disbursement form: 03 / 20 / 2024

FEC Identification Number

C C00738872

Transaction ID : 50120848

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Mark Takano For Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement

Political Contribution

011

Candidate Name

Takano, Mark, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: CA District: 41

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

Date of Disbursement

Date of Disbursement form: 03 / 20 / 2024

FEC Identification Number

C C00498667

Transaction ID : 50120851

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. MESSMER FOR CONGRESS

Mailing Address PO BOX 44003

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement

Political Contribution

011

Candidate Name

Messmer, Mark, ,

Category/Type

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

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

Date of Disbursement

Date of Disbursement form: 03 / 20 / 2024

FEC Identification Number

C C00867218

Transaction ID : 50120853

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[] Memo Item Political Contribution

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

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

SUBTOTAL form: 3000.00

TOTAL form: 3000.00

**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"/> 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. Lisa Blunt Rochester for Senate

Mailing Address PO Box 9767

City
Wilmington

State
DE

Zip Code
19809

Purpose of Disbursement

Political Contribution

011

Candidate Name

Blunt Rochester, Lisa, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: DE District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00843391

Transaction ID : 50135419

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City
Christiansburg

State
VA

Zip Code
24068

Purpose of Disbursement

Political Contribution

011

Candidate Name

Griffith, Morgan, H., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: VA District: 09

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00477240

Transaction ID : 50138218

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Mike Johnson For Louisiana

Mailing Address C/O 228 S. Washington St.
Ste. 115

City
Alexandria

State
LA

Zip Code
22314

Purpose of Disbursement

Political Contribution

011

Candidate Name

Johnson, Mike, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: LA District: 04

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00608695

Transaction ID : 50138220

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

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

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement

Political Contribution

011

Candidate Name

Ruiz, Raul, , Rep., MD

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: CA

District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00502575

Transaction ID : 50138222

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Kansans For Marshall

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement

Political Contribution

011

Candidate Name

Marshall, Roger, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00576173

Transaction ID : 50138223

Amount of Each Disbursement this Period

2500.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114 #237

City
Altoona

State
PA

Zip Code
16602

Purpose of Disbursement

Political Contribution

011

Candidate Name

Joyce, John, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: PA

District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00674259

Transaction ID : 50138225

Amount of Each Disbursement this Period

2500.00

Memo Item Political Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Political Contribution

011

Candidate Name

Brown, Sherrod, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: OH

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00264697

Transaction ID : 50138226

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address PO Box 1964

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement

Political Contribution

011

Candidate Name

Sewell, Terri, A., Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: AL

District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00458976

Transaction ID : 50138227

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement

Political Contribution

011

Candidate Name

Larson, John, B., Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2023

 Primary
 General
 Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00330142

Transaction ID : 50138228

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

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

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

Political Contribution

011

Candidate Name

Guthrie, Brett, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00445023

Transaction ID : 50138229

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

Political Contribution

011

Candidate Name

Pallone, Frank, , Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00226928

Transaction ID : 50138230

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Rosen For Nevada

Mailing Address PO Box 46110

City
Las Vegas

State
NV

Zip Code
89114

Purpose of Disbursement

Political Contribution

011

Candidate Name

Rosen, Jacky, , Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00606939

Transaction ID : 50138231

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

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

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

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

Political Contribution

011

Candidate Name

Buchanan, Vern, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00412759

Transaction ID : 50138232

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address 111-36 200th. Street

City
Hollis

State
NY

Zip Code
11412

Purpose of Disbursement

Political Contribution

011

Candidate Name

Clarke, Yvette, D., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NY District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

FEC Identification Number

C C00415331

Transaction ID : 50138344

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City
Concord

State
NC

Zip Code
28027

Purpose of Disbursement

Political Contribution

011

Candidate Name

Hudson, Richard, L., Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

FEC Identification Number

C C00504522

Transaction ID : 50138345

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item Political Contribution

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Angie Craig For Congress

Mailing Address P.O. Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement

Political Contribution

011

Candidate Name

Craig, Angela, Dawn, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2024

FEC Identification Number

C C00575209

Transaction ID : 50138346

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Julia Letlow For Congress

Mailing Address PO Box 539

City
Rayville

State
LA

Zip Code
71269-0539

Purpose of Disbursement

Political Contribution

011

Candidate Name

Letlow, Julia, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2024

FEC Identification Number

C C00766428

Transaction ID : 50138347

Amount of Each Disbursement this Period

1000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

2000.00

57500.00
