Image#	20200	13191	846861	51
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FEC FORM 3X

01/31/2020 15 : 07

PAGE 1 / 52

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

							Office Us	se Only	
NAME OF COMMITTEE (in fu		E OR PRINT ▼			ng, type	12FE4	4M5		
nerican Acade	my of Ne	urology BrainF	PAC						1
RESS (number and									
than previously	/ ₁ V	Vashington					20002	· · · · ·	
FEC IDENTIFICAT	FION NUMB	ER ▼	CITY ▲		S	STATE 🔺		ZIP CODE	Ξ ▲
C C00435933			3. IS THIS REPORT	~			AMENDED (A)		
TYPE OF REPC (Choose One)	DRT (Report	Feb 20 (M2)		May 20 (M5)	ļ	Aug 20 (M8)	1)	lov 20 (M11) Non-Election ear Only)
(a) Quarterly Repo	rts:	Due On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	1)	Nec 20 (M12) Non-Election ear Only)
April 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)	× J	an 31 (YE)
	Report (Q1)	(C) 12-Day		Primary (12F	²)	Gene	eral (12G)	R	unoff (12R)
Quarterly I				Convention ((12C)	Spec	ial (12S)		
Quarterly I	Report (Q3)			M M /	D D /	YYYY	Ý	in the	
		E	lection on	L				State of	
Report (No	on-election			General (300	G)	Runo	ff (30R)	S	pecial (30S)
Termination (TER)	n Report			M = M /	D D /	Y Y Y	Y	in the	
		E	lection on					State of	
Covering Period	M M 12			through	12 M	/ D D 31			
tify that I have exa				wledge and I	belief it is true	e, correct	and complet	e.	
or Print Name of			••,						
ature of Treasurer	Engel, Tim	oothy J., , Mr.,		[Electronicall	y Filed] Da				2020
E: Submission of fal	se, erroneous	, or incomplete inform	nation may su	bject the per	son signing th	is Report	to the penaltie	es of 52 U	.S.C. § 30109
Office Use Only									
	COMMITTEE (in function of the second	COMMITTEE (in full) Perican Academy of Ne Perican Academy of Ne RESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NUMB C C00435933 FYPE OF REPORT Choose One) a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Covering Period M M C Print Name of Treasurer E: Submission of false, erroneous Office Use	COMMITTEE (in full) herican Academy of Neurology BrainF RESS (number and street) 401 C St NE Check if different than previously reported. (ACC) Washington FEC IDENTIFICATION NUMBER C C00435933 C Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q2) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period 12 Other Treasurer Engel, Timothy J., , Mr., ture of Treasurer E Submission of false, erroneous, or incomplete inform	COMMITTEE (in full) Over Perican Academy of Neurology BrainPAC Aperican Academy of Neurology BrainPAC Aperican Academy of Neurology BrainPAC Check if different than previously reported. (ACC) Washington FEC IDENTIFICATION NUMBER C C00435933 C C0043593 C C012 C C014	Commutation in the information of the product of the information of the product	SOMMITTEE (in full) Over the lines. Precision Academy of Neurology BrainPAC RESS (number and street) 401 C St NE Check if different than previously reported. (ACC) Washington FEC IDENTIFICATION NUMBER ▼ CITY ▲ C C00435933 3. IS THIS REPORT C C00435933 3. IS THIS REPORT C C00435933 (b) Monthly Feb 20 (M2) May 20 (M5) Due On: Mar 20 (M3) Jun 20 (M6) a) Quarterly Reports: (b) Monthly Report Feb 20 (M2) May 20 (M5) Due On: Mar 20 (M3) Jun 20 (M6) Jun 20 (M6) July 15 Quarterly Report (Q2) PRE-Election Report for the: Convention (12C) Outarterly Report (W1) Jun 20 (M7) Election on Image: 1 C C Convention (12C) July 31 Mid-Year Report (YCE) July 31 Mid-Year Report (YCE) Election on Image: 1 C C C C C Convention (12C) July 31 Mid-Year Tremination Report Image: 1 C C C C C C C C C C C C C C C C C C	COMMITTEE (in full) over the lines. 12FE2 recican Academy of Neurology BrainPAC PRESS (number and street) 401 C St NE Check if different than previously reported. (ACC) Washington Check if different than previously reported. (ACC) Washington C coo435933 CITY A STATE A State A C coo435933 State A C coo435933 CITY A State A State A C coo435933 CITY A C coo435933 CITY A C coo435933 State A C coo435933 CITY A	VAME OF 200MITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 herican Academy of Neurology BrainPAC ARESS (number and street) 401 C SI NE Check if different than previously reported (ACC) April 15 C coo435933 CITY▲ STATE ▲ CITY▲ C coo435933 STATE ▲ C coo435933 State ▲ C coo435933 State ▲ C coo435933 NEW REPORT April 15 Ouarterly Reports: April 15 Ouarterly Report (021) April 15 Ouarterly Report (021) Mar 20 (M3) J anuary 31 Year-End Report (021) Mar 20 (M4) J anuary 31 Year-End Report (021) PRE-Election Report for the: Ouarterly Report (021) So Day POST-Election Report for the: Convention (12C) J anuary 31 Year-End Report (YE) Election on Prevert or the: Ouarterly Report (021) So Day POST-Election Report for the: Convention (12C) J anuary 31 Year-End Report (YE) Election on Prevert or the: Ouarterly Report (YE) Ot 12 Ot 1 Ot 3 J anuary 31 Year Onthy (MY) To 3 Ot 3 Ot 3 <	Commutative (in full) over the times. 12FE4MS recican Academy of Neurology BrainPAC RESS (number and street) 401 C St NE Check if different than previously reported. (ACC) Washington C Cood436933 DC C Cood436933 CITY ▲ State of Cood436933 CITY ▲ C Cood436933 CITY ▲ C Cood436933 State A C Cood436933 CITY ▲ C Cood436933 State A C Cood436933 Feb 20 (M2) May 20 (M5) Aug 20 (M6) PRE Clection Report (C1) Mar 20 (M3) July 15 Apr 20 (M4) Counterly Report (C1) Mar 20 (M3) July 15 Counterly Report (C2) Counterly Report (C2) Counterly Report (C2) Counterly Report (C2) Counterly Report (C2) Counterly Report (C2) Special (12C) Counterly Report (C2) Special (12C) <t< td=""></t<>

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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M D D М D М N TD. 12 01 2019 12 31 2019 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 225164.49 Januarv 1. 2019 (b) Cash on Hand at 313038.83 Beginning of Reporting Period..... 36329.63 302163.95 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 527328.44 349368.46 6(a) and 6(c) for Column B)..... 9584.00 187543.98 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 339784.46 339784.46 (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: 12	01 2019 To	o: 12 31 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	21378.63	207654.33
	14051.00	04500 62
(ii) Unitemized	14951.00	94509.62
(iii) TOTAL (add	36329.63	302163.95
Lines 11(a)(i) and (ii)	30323.03	
(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)	36329.63	302163.95
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	
	0.00	0.00
. Loan Repayments Received	0.00	
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. 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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	36329.63	302163.95
. Total Federal Receipts		
	26220 62	000400.05

 Iotal Federal Receipts (subtract Line 18(c) from Line 19)....... 36329.63

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 183500.00 and Other Political Committees... 9500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 4043.98 84.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 84.00 4043.98 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 Total Federal Election Activity (add (C) 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)).. 9584.00 187543.98 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 9584.00 187543.98

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)

	-7		-,	36329.63
	-		-	84.00
	-		-	36245.63
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COLUMN B

Calendar Year-to-Date

Page 5

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIWIIZED KEGEIPIS		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 Neu	rology BrainP	AC							
Full Name of Individual (Last, First, Mid A. Eliashiv, Dawn, , Dr.,	Date of Receipt								
Mailing Address 204 South Stanley Drive	M M / D D / Y Y Y Y 12 01 2019								
City Beverly Hills	State CA	Zip Code 90211-3005	Transaction ID : 44236366 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) UCLA		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name of Individual (Last, First, Mid B. Schwartzbard, Julie, B., Dr.,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 19451 Ambassador Ct			12 02 2019						
City	State	Zip Code	Transaction ID : 44236376						
Miami	FL	33179-6429	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		84.00						
Name of Employer (for Individual) Aventura Neurologic and Assoc.		upation (for Individual) urologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		882.00]						
Full Name of Individual (Last, First, Mid C. Glass, Jamie, , Mrs.,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3805 E BELL RD STE 2400			M M / D D / Y Y Y Y Y 12 03 2019						
City PHOENIX	State AZ	Zip Code 85032-2181	Transaction ID : 44238701 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) Center for Neurology and Spine		upation (for Individual) lical Assistant	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 265.00]						
SUBTOTAL of Receipts This Page (option	,		419.00						
TOTAL This Period (last page this line nu	imber only)	······							

PAGE 6 OF

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

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PAGE 7 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12			
Any information copied from such Reports	and Statements m	av not be sold or used by any n		13 r the		14		15 liciting	16	17		
or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full)												
American Academy of Neu	irology BrainP											
Full Name of Individual (Last, First, Mi Weathers, Allison, L., Dr.,	D	Date of Receipt										
Mailing Address 8220 Woodberry Blvd		12 03 2019										
City	State	Zip Code		Trans	acti	on ID :	: 442	238702	2			
Chagrin Falls	OH	44023-4526	Ai	mount	of	Each F	Rece	pipt this	s Period			
FEC ID number of contributing federal political committee.	С							-1	84.	00		
Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) rologist		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		1008.00	1									
Full Name of Individual (Last, First, Mi B. Khemani, Pravin, , Dr.,	ddle Initial) or Full C	rganization Name		oto of	De	opint						
Mailing Address 2607 Western Ave			_	Date of Receipt								
# 1202	# 1202						12 03 2019					
City Seattle	State WA	Zip Code 98121-1386				on ID :						
		90121-1300		mount	OT	Each F	несе	ipt thi	s Period			
FEC ID number of contributing federal political committee.	C	C Occupation (for Individual) Neurologist					_	-	15.	00		
Name of Employer (for Individual) Swedish Neuroscience Institute						Item						
Receipt For:	Aggregate	Year-to-Date V										
Primary General		280.00	1									
Other (specify) v		, 200.00										
Full Name of Individual (Last, First, Mi C. Martello, Justin, P., Dr.,	ddle Initial) or Full C	rganization Name	D	ate of	Re	ceipt						
Mailing Address 9818 Kraft Hill Rd				^M 12	/	D 04		/ Y	2019	Y		
City	State	Zip Code		Trans	acti	ion ID	: 442	243551	1			
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FEC ID number of contributing federal political committee.	C	C					_	9	42.			
Name of Employer (for Individual)	Occ	upation (for Individual)	-	Me	emo	Item						
Christiana Care Neurology Specialists		rologist										
Receipt For:												
Primary General		Aggregate Year-to-Date ▼										
Other (specify)		419.00										
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8 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
			person for the purpose of soliciting contributions for solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC							
Full Name of Individual (Last, First, Midd Patel, Anup, D., Dr.,	Date of Receipt								
Mailing Address 1834 Chateaugay Way	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City Blacklick	State OH	Zip Code 43004-8001	Transaction ID : 44243552 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		84.00						
Name of Employer (for Individual) Nationwide Children's Hospital and the Receipt For:	upation (for Individual) rologist	Memo Item							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00							
Full Name of Individual (Last, First, Midd Giraldo, Elias, A., Dr., Mailing Address 17285 Rachels Way	Date of Receipt								
City	State	Zip Code	12 04 2019 Transaction ID : 44243554						
Chino Hills FEC ID number of contributing federal political committee.	CA	91709-6368	Amount of Each Receipt this Period						
Name of Employer (for Individual) California University of Science and M		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]						
Full Name of Individual (Last, First, Midd Deb, Anindita, , Dr.,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 121 Nonset Path			12 04 Y Y Y Y Y 2019						
City Acton	State MA	Zip Code 01720-3417	Transaction ID : 44243555 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) University of Massachusetts School of Receipt For:	Neu	upation (for Individual) rologist	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	3						
SUBTOTAL of Receipts This Page (optional	al)		▶ 130.00						
TOTAL This Period (last page this line num	nber only)								

Use separate schedule(s)

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PAGE 9 OF

ITEMIZED RE			Use separate schedule(s)	(check onl	y one)			
			for each category of the Detailed Summary Page	X 11a 13	11b	11c 15	12 16	17
			ay not be sold or used by any ddress of any political committe	person for the	purpose of s	soliciting	contributi	ions
NAME OF COM								
American A	Academy of Neurol	ogy BrainP	AC					
Full Name of Inc A. Gross, Robert	dividual (Last, First, Middle t, A., Dr.,	Initial) or Full O	rganization Name	Date o	f Receipt			
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Primary	General	Aggregate	Year-to-Date ▼	_				
Other (spe			500.00					
	dividual (Last, First, Middle	Initial) or Full O	rganization Name					
B. Tabby, David				Date of	f Receipt			
	217 Spinghouse Lane			M M 12	/ D D 06	/ Y	у у 2019	Y
City		State	Zip Code		action ID : 4			
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Name of Employ Optimum Neurolo	ver (for Individual) Dgy		upation (for Individual) sician	М	lemo Item			
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Primary	General							
Other (spe	cify) 🔻		, 504.00					
Full Name of Inc c. Coni, Robe	dividual (Last, First, Middle rt, , Dr.,	Initial) or Full O	rganization Name	Date o	f Receipt			
Mailing Address	1830 B Culbertson Ave			M M 12	/ D D D 06	/ Y	2019	Y
City		State	Zip Code	Trans	saction ID : 4	4424664	the state of the	
Myrtle Beach		SC	29577-1909	Amoun	t of Each Re	eceipt th	is Period	
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SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _

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т			Use separate schedule(s)	(che	ck onl	y or	ne)				
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the r							solicitin			าร
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC								
	Full Name of Individual (Last, First, Middle Initia Saldanha, Margaret, A., Dr.,	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 8371 SW 124th Avenue #104				^M 12	1	06) / Y	2019]
	City Miami	State FL	Zip Code 33183-4617	A				442466 leceipt t		iod	
	FEC ID number of contributing federal political committee.	C					-		4	42.00	
	Name of Employer (for Individual) Miami SHores Neurology & Sleep Institu		upation (for Individual) urologist		M	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00								
	Full Name of Individual (Last, First, Middle Initia Zagar, Dario, M., Dr.,	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 201 Fairmount Terrace				^M 12	1	07	/ Y	2019		1
-	City Fairfield	State CT	Zip Code 06825-1758	A				4425020 Receipt t		od	
	FEC ID number of contributing federal political committee.	С							3	30.00	
	Name of Employer (for Individual) Yale Neurology		upation (for Individual) vsician		M	emc	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
	Full Name of Individual (Last, First, Middle Initia Zieman, Glynnis, , Dr.,	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 6431 E Sheridan St	1			^M 12	/	07		2019]
-	City Scottsdale	State AZ	Zip Code 85257-1133	A				442502 Receipt t		iod	
	FEC ID number of contributing federal political committee.	С					,	9	2	42.00	
	Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) irologist		M	emo	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00								
sı	JBTOTAL of Receipts This Page (optional)		····· •				7	. ,	11	14.00	
т	OTAL This Period (last page this line number or	וy)	•••••	ĺ			_			-	

PAGE 10 OF

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

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neur	ology BrainP	AC	
Full Name of Individual (Last, First, Midc A. Anderson, Eric, , Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5921 Bayview Circle So			12 08 / Y Y Y Y 2019
City Gulfport	State FL	Zip Code 33707-3929	Transaction ID : 44250225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		209.00
Name of Employer (for Individual) Intensive Neuro		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2508.00]
Full Name of Individual (Last, First, Mido B. Noorollah, Lori, Davis, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 10142 Craig Drive			12 08 2019
City	State KS	Zip Code	Transaction ID : 44250226
Overland Park	KS	66212-3427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer (for Individual) Midwest Neurology Physicians		upation (for Individual) Irologist	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		210.00]
Full Name of Individual (Last, First, Mido . Szewka, Aimee, , Dr.,		rganization Name	Date of Receipt
Mailing Address 1149 W. Vernon Park Pl Unit H			12 08 2019
City Chicago	State IL	Zip Code 60607-3451	Transaction ID : 44250227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Rush University Medical Center		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 231.00]
SUBTOTAL of Receipts This Page (option	al)		251.00
TOTAL This Period (last page this line num	mber only)		

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Mailing Address 8701 Sleepy Hollow Lane Image: City State Zip Code Image: City Transaction Potomac MD 20854-2566 Amount of Eac FEC ID number of contributing federal political committee. C Image: City Amount of Eac Name of Employer (for Individual) Occupation (for Individual) Neurologist Memo Ite Walter Reed National Military Medical Neurologist Aggregate Year-to-Date ▼ Image: City Image: Ci	15 e of solicitir ns from sur ot D1 : 442502		ee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of for commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Cook, Glen, A., Dr., Jr. Date of Receipt Mailing Address 8701 Sleepy Hollow Lane Transaction City State Zip Code Potomac MD 20854-2566 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Neurologist Receipt For: Aggregate Year-to-Date ▼ 336.00 Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Holtz, Steven, J., Dr., Mailing Address 2009 Tampa Avenue Transaction City State Zip Code Transaction Oakland C Ageneral Mailing Address 2009 Tampa Avenue Transaction Mailing Address 2009 Tampa Avenue C Yip Code Transaction Amount of Eac C State Zip Code	e of solicitir ns from su ot D1 : 442502	ng contribut ch committ	tions ee.
American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cook, Glen, A., Dr., Jr. Mailing Address 8701 Sleepy Hollow Lane City State Potomac MD FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Watter Reed National Military Medical Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zity Code gakand C FEC ID number of contributing federal political committee. Date of Receipt Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Transaction Amount of Eac City State Zip Code Oakland CA 94611-2620 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Memo Ite Name of Employer (for Individual)	09 ID : 442502		
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federal political committee. Image: Committee for an			
Walter Reed National Military Medical Neurologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 336.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Alling Address 2009 Tampa Avenue 12 City State Zip Code Oakland CA 94611-2620 FEC ID number of contributing federal political committee. C Memo Ite Name of Employer (for Individual) Occupation (for Individual) Memo Ite		42.0	00
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Oakland CA 94611-2620 Amount of Each FEC ID number of contributing federal political committee. C Image: Committee c	09	2019	Y
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fain, Daniel, R., Dr., Date of Receip	ot		
12	09	2019	Y
CityStateZip CodeTransactionAdaMI49301-9762Amount of Eac		-	
FEC ID number of contributing federal political committee.		20.0	00
Name of Employer (for Individual) Occupation (for Individual) Helen Devos Children's Hospital Neurologist	m		
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00			
SUBTOTAL of Receipts This Page (optional)		162.0	00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17
Any information copied from such Reports ar or for commercial purposes, other than using				or the		pose		oliciting	contribu	tions
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC								
Full Name of Individual (Last, First, Middle Cheng, Eric, M., Dr., Mailing Address 10769 Flaxton St	e Initial) or Full C	rganization Name		Date of	Re	D		/ Y	YY	Ŷ
City Culver City	State CA	Zip Code 90230-5402				ion ID		425077		
FEC ID number of contributing federal political committee.	С			mount	ot	Each	Re	ceipt th	is Period 100.	
Name of Employer (for Individual) UCLA		upation (for Individual) Irologist		Me	emo	ltem	I			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1							
Full Name of Individual (Last, First, Middle B. Ishida, Koto, , Dr.,	e Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 230 E. 52nd St. Apt PHF	01-1-			м м 12	/	DO	D 2	/ Y	2019	Y
City New York	State NY	Zip Code 10022-6208				-		425079 ceipt th	6 is Period	
FEC ID number of contributing federal political committee.	С					-		-	100.	00
Name of Employer (for Individual) NYU		upation (for Individual) Irologist		Me	emo	Item	1			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
Full Name of Individual (Last, First, Middle C. Stavros, Kara, , Dr.,	e Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 140 Pitman Street Apt 105				^M 12	1	D 1	D 0	/ Y	2019	Y
City Providence	State RI	Zip Code 02906-5120	A					425111 ceipt th	0 is Period	
FEC ID number of contributing federal political committee.	С					,		y	42.	
Name of Employer (for Individual) Rhode Island Hospital Receipt For:	Neu	upation (for Individual) rologist		M	emo) Item	I			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 402.00								
SUBTOTAL of Receipts This Page (optional)		. [,		9	242.	00
TOTAL This Period (last page this line num	ber only)	••••••	. [-		

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or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Academy of Neurology			any political committee	e to sol	ICIT COP	itrib	outio	ons tr	om su	icn cor	inmitte	e.
<u> </u>	Full Name of Individual (Last, First, Middle Initial) Milstein, Mark, , Dr.,			on Name		Date of	Po		int				
Α.	Mailing Address 111 E 88th St Apt 4F					м м м 12	ne	_	וףנ ס ד ד 11	/	Y Y 20)19	Y
	City New York	State NY	·	Code 128-1158	A	Trans					125 this Pe	eriod	
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	Name of Employer (for Individual) Montefiore Medical Center		upation (f ırologist	or Individual)		Me	∋mo	o Ite	em				
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-D	Pate ▼ 700.00	1								
B.	Full Name of Individual (Last, First, Middle Initial) Stavros, Kara, , Dr.,	or Full O	rganizatio	on Name		Date of	Re	ecei	ipt				
	Mailing Address 140 Pitman Street 	State	Zip	Code		^M 12	/	ſ	12	1	Y Y 20	ү 19	Y
	Providence	RI		006-5120		Trans: mount		-			017 this Pe	eriod	
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	Name of Employer (for Individual) Rhode Island Hospital		upation (f urologist	or Individual)		Me	emo	o Ite	em				
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-D	Pate ▼ 602.00]								
C.	Full Name of Individual (Last, First, Middle Initial) Cutsforth-Gregory, Jeremy, K., Dr.,	or Full O	rganizatio	on Name	C	Date of	Re	ecei	ipt				
	Mailing Address 331 Wimbledon Hills Dr SW	1 -	1			12 ^M	/	L	13	1	20	т 19	Y
	City Rochester	State MN		Code 902-4134	A	Trans		-			034 this Pe	eriod	
	FEC ID number of contributing federal political committee.	С				_		<u>y</u>		. ,		84.0	0
	Name of Employer (for Individual) Mayo Clinic		upation (f	or Individual)		Me	emo	o Ite	em				
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-D	924.00]								
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
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NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPA	ΥC	
Full Name of Individual (Last, First, Middle I Thirumala, Parthasarathy, , Dr.,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4020 Park Place			12 / D D / Y Y Y Y 12 11 2019
City Glenshaw	State PA	Zip Code 15116-2574	Transaction ID : 44270223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) University of Pittsburgh Medical Cente		pation (for Individual) ologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1025.00	
Full Name of Individual (Last, First, Middle I G. Goodman, Andrew, D., Dr.,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 601 Elmwood Ave # 605			12 14 2019
City	State	Zip Code	Transaction ID : 44301965
Rochester FEC ID number of contributing federal political committee.	C	14642-0001	Amount of Each Receipt this Period
Name of Employer (for Individual) University of Rochester Dept. Neurolog		pation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I Avitzur, Orly, , Dr.,	, 	ganization Name	Date of Receipt
Mailing Address 815 Old Sleepy Hollow Rd E	Extension		M M / D D / Y Y Y Y 12 14 2019
City Briarcliff	State NY	Zip Code 10510-2543	Transaction ID : 44301969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1500.00
Name of Employer (for Individual) Orly Avitzur, MD, PC		pation (for Individual) ologist	Memo Item
Receipt For:	Aggregate `	Year-to-Date ▼ 2500.00	

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

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

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c		11c	12			
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for to solici	the pu it contr	urpo ribu	ose of s itions fr	soliciting	contribu	tions tee.
NAME OF COMMITTEE (In Full)									
angle American Academy of Neurol	ogy BrainP	AC							
Full Name of Individual (Last, First, Middle Robinson, Maisha, T., Dr.,	Initial) or Full O	rganization Name	Da	te of F	Rec	eipt			
Mailing Address 12821 Quailbrook Dr				12 ^M	/	D D D 14	/ Y	2019	Y
City	State	Zip Code	Т	ransa	ctio	on ID : 4	430219	0	
Jacksonville	FL	32224-7933	Am	nount c	of E	Each Re	ceipt th	is Period	
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Name of Employer (for Individual)	Occi	upation (for Individual)		Men	no	Item			
Mayo Clinic		rologist							
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Other (specify) ▼		1000.00							
Full Name of Individual (Last, First, Middle J. Johnson, Nicholas, Elwood, Dr.,	Initial) or Full O	rganization Name	Da	te of F	Poo	oint			
					nec				
Mailing Address 11535 GREY OAKS ESTA				12 ^M	/	15	/ Ү	2019	Y
City	State VA	Zip Code					430220		
Glen Allen	VA	23059-5924	Am	iount c	of E	ach Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		100.	00
Name of Employer (for Individual) Virginia Commonwealth University		upation (for Individual) Irologist		Men	no	Item			
Receipt For:		Year-to-Date ▼							
Primary General	riggiogato		1.1						
Other (specify)		1200.00							
Full Name of Individual (Last, First, Middle Smith, Marsha, , Dr.,	Initial) or Full O	rganization Name	Da	te of F	Rec	eipt			
Mailing Address 5988 Capeview Pl				12 ^M	/	D D 16	/ Y	2019	Y
City	State	Zip Code	Т	ransa	ctic	on ID : 4	430223	8	
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FEC ID number of contributing federal political committee.	C				,	, .	9	100.	00
Name of Employer (for Individual)	Occi	upation (for Individual)	\neg	Mer	no	Item			
Riverhills Neuroscience		rologist		1					
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FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American Academy of Neu	irology BrainP	AC								
Full Name of Individual (Last, First, Minerator, Barkley, Gregory, L., Dr.,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2890 Burlington St			12 16 / Y Y Y Y 12 16 2019							
City Ann Arbor	State MI	Zip Code 48105-1435	Transaction ID : 44302239 Amount of Each Receipt this Period							
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Name of Employer (for Individual) Henry Ford Hospital		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]							
Full Name of Individual (Last, First, Mi Frishberg, Benjamin, M., Dr., Mailing Address 5145 Seagrove Ct	ddle Initial) or Full C	rganization Name	Date of Receipt							
City San Diego	State CA	Zip Code 92130-3208	12 16 2019 Transaction ID : 44302566 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) The Neurology Center		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name of Individual (Last, First, Mic. Kilgore, Shannon, M., Dr.,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 11 Doud Dr			12 / D D / Y Y Y Y 17 2019							
City Los Altos	State CA	Zip Code 94022-2323	Transaction ID : 44302578 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		84.00							
Name of Employer (for Individual) VA Palo Alto HCS		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1108.00]							
SUBTOTAL of Receipts This Page (optic	onal)		684.00							
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Academy of Neurol	ogy BrainP	AC									
Full Name of Individual (Last, First, Middle Brandt, Derek, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1201 East West Hwy Apt 114			12 16 / Y Y Y Y 12 16 2019								
City Silver Spring	State MD	Zip Code 20910-6288	Transaction ID : 44302610 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		41.63								
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) ctor, Congressional Affairs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 201.63]								
Full Name of Individual (Last, First, Middle Murnane, Matthew, J., Dr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 272 South Main Avenue			12 16 2019								
City	State	Zip Code	Transaction ID : 44302612								
Albany	NY	12208-2301	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) Albany Medical College		upation (for Individual) rsician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]								
Full Name of Individual (Last, First, Middle Shah Becker, Marjorie, , Mrs.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 250 Ashland Place Apt. 49J			12 / D D / Y Y Y Y 12 16 2019								
City Brooklyn	State NY	Zip Code 11217-4342	Transaction ID : 44302631 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		2000.00								
Name of Employer (for Individual) Self-Employed		upation (for Individual) tographer	Memo Item								
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\backslash	NAME OF COMMITTEE (In Full)		_										
	American Academy of Neurology												
Full Name of Individual (Last, First, Middle Initial) or Full A. Rodgers-Neame, Nancy, T., Dr.,				nization Name		D	Date of	Re	eceipt				
	Mailing Address 627 Belmont Ave					ľ	м м 12	/	D 17		/ Y	y y 2019	Y
	City	State		Zip Code			Trans	acti	ion ID	: 44	303332		
	Temple Terrace	FL		33617-3802	_	A	mount	of	Each I	Rec	eipt this	Perior	b
	FEC ID number of contributing federal political committee.	С				l			-			500	.00
	Name of Employer (for Individual) Florida Comprehensive Epilepsy and Sei	cupat ysicia	ion (for Individual) an			Me	emc	Item					
	Receipt For:			r-to-Date ▼									
	Primary General	Aggregate	100		d.								
	Other (specify) ▼	L	-1	500.00									
В.	Full Name of Individual (Last, First, Middle Initi Gordon, Andrew, J., Dr.,	al) or Full C	Orgai	nization Name		C	Date of	Re	eceipt				
	Mailing Address 1317 Kenton Road					ľ	^M ■ ^M 12	/	D 17		/ Y	y y 2019	Y
	City	State		Zip Code		1	Transa	acti	ion ID :	: 44	317221		
	Deerfield	IL		60015-2311							eipt this	Perio	b
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	Nonthrup of Normalo and			Dccupation (for Individual) Neurologist									
	Receipt For:	Aggregate	ate Year-to-Date ▼										
	Primary General												
	Other (specify) ▼		,	1200.00									
с.	Full Name of Individual (Last, First, Middle Initi Chin, Jerome, H., Dr.,	al) or Full C	Orgai	nization Name		D	Date of	Re	eceipt				
	Mailing Address PO Box 1046					ľ	м м 12	/	D 18		/ Y	y y 2019	Y
	City	State		Zip Code			Trans	act	ion ID	: 44	317223		
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	Name of Employer (for Individual)	000	cupat	ion (for Individual)	\neg		Me	emo	ltem				
				gist	1								
	Boogint For:			r-to-Date ▼									
	Primary General Other (specify)	-	250.00										
s	UBTOTAL of Receipts This Page (optional)			••••••		ļ			,		9	1950	.00

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Any information copied from such Reports and s or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainPAC						
Full Name of Individual (Last, First, Middle In Qazi, Faisal, M., Dr., Mailing Address 1240 West Valencia Mesa Dr	· · · ·	Date of Receipt					
City	State Zip Code	12 19 2019					
Fullerton	CA 92833-2221	Transaction ID : 44317650 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	84.00						
Name of Employer (for Individual) The Neurology Group	Memo Item						
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General						
Full Name of Individual (Last, First, Middle In B. Qazi, Faisal, M., Dr., Mailing Address 1240 West Valencia Mesa Dr	Date of Receipt						
		12 19 2019					
City Fullerton	StateZip CodeCA92833-2221	Transaction ID : 44317796 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	84.00					
Name of Employer (for Individual) The Neurology Group	Occupation (for Individual) Neurologist	Memo Item					
Receipt For: Primary General Other (specify) ▼]						
Full Name of Individual (Last, First, Middle In C. Qazi, Faisal, M., Dr.,		Date of Receipt					
Mailing Address 1240 West Valencia Mesa Dr	rive State Zip Code	12 / 19 / 2019 Transaction ID : 44317798					
Fullerton	CA 92833-2221	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) The Neurology Group	Occupation (for Individual) Neurologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 418.00]					
SUBTOTAL of Receipts This Page (optional)	•	418.00					

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	y information copied from such Reports and for commercial purposes, other than using t										
\	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC								
Α.	Full Name of Individual (Last, First, Middle Jones, Lyell, K., Dr., Mailing Address 2055 Scenic View Lane SW	Organization Name		Date of	Re	D	D	/ Y	Y Y	Y	
	City Rochester	Zip Code 55902-2575	A			ion II		431783 ceipt th	2019 1 is Period		
FEC ID number of contributing federal political committee.							7	_	-	84.	00
	Name of Employer (for Individual) Mayo Clinic		Me	emo	ltem	ı					
	Receipt For: Primary General Other (specify) ▼	1									
B .	Full Name of Individual (Last, First, Middle Barnes, J., Todd, Mr.,	Initial) or Full C	Organization Name		Date of	Re	<u> </u>				
	Mailing Address 3924 Pimlico Drive	Zip Code		12 T rong)	2	20		2019	Y	
	Norman	State OK	73072-6521	A			-		431783 : ceipt th	3 iis Period	
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –					7			42.	_
	Name of Employer (for Individual) OU Department of Neurology		upation (for Individual) siness Administrator		Me	emo	Item	ı			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00								
С.	Full Name of Individual (Last, First, Middle Noorian, Alireza, , Dr.,	Initial) or Full C	Organization Name		Date of	Re	<u> </u>				
	Mailing Address 141 Weathervane	State	Zip Code	4	12 Trans	/ 		20	/ Y 431783	2019	Y
	Irvine	CA	92603-4226	4						is Period	
	FEC ID number of contributing federal political committee.					y		,	20.	_	
	Name of Employer (for Individual) Kaiser Permanente	upation (for Individual) Irologist	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1							
SI	JBTOTAL of Receipts This Page (optional).						9		9	146.	00
т	OTAL This Period (last page this line number	er only)	•••••••	. [7		-		

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			Detailed Summary Page	×	-		11b		11c	12	
	y information copied from such Reports and S										
or	for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)	_									
$\Big/$	American Academy of Neurolog	y BrainP	AC								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ichord, Rebecca, N., Dr.,						Re	ceipt	_			
Mailing Address 2320 Pine ST							D 20		/ Y	үүү 2019	Y
	City	State	Zip Code		Trans	acti	on ID	: 4	431783	7	
	Philadelphia	PA	19103-6415	A	Amount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,		-	100.	00
	Name of Employer (for Individual) Perelman School of Medicine of the Uni		Me	emo	Item						
	Receipt For:	Aaareaate	Year-to-Date ▼								
	Primary General										
	Other (specify)	L	1200.00					_			
	Full Name of Individual (Last, First, Middle Init Tipton, Philip, W., Dr.,	tial) or Full C	rganization Name		Date of	Re	ceipt				
	Mailing Address 7990 Baymeadows Rd. E Apt 805			M M 12	/	20		/ Y	ү 2019	Y	
	City	Zip Code		Trans	acti	on ID	: 4	431783	9		
Jacksonville FL 32256-2971				A	Amount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.							-	21.	00	
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) ırologist		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		252.00								
	Full Name of Individual (Last, First, Middle Init Absher, John, R., Dr.,	tial) or Full C	rganization Name		Date of	Re	ceipt				
	Mailing Address 10 Collins Creek Rd				^M 12	/	2		/ Y	2019	Y
	City	State	Zip Code		Trans	acti	ion ID	: 4	431784	1	
	Greenville	SC	29607-3727	A	Amount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			_		y .		y	42.	00
			upation (for Individual) rologist	Memo Item							
	Receipt For:	Year-to-Date ▼	\neg								
	Primary General	33 3									
	Other (specify)		504.00								
s	UBTOTAL of Receipts This Page (optional)		•	.			, .		9	163.	00
т	OTAL This Period (last page this line number	only)	••••••				,		-		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
	J	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (Ir American Academ	n Full) y of Neurology BrainP	AC									
Full Name of Individual (La Alves, Angelo, M., Dr.,	st, First, Middle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 5880 49th			12 10 / Y Y Y Y Y 12 10 2019								
City Saint Petersburg	State FL	Zip Code 33709-2150	Transaction ID : 44317860 Amount of Each Receipt this Period								
FEC ID number of contribution federal political committee.	ting		200.00								
Name of Employer (for Indi Self-Employed	,	upation (for Individual) Irologist	Memo Item								
Receipt For: Primary Ger Other (specify) ▼	heral Aggregate	Year-to-Date ▼ 1200.00]								
Full Name of Individual (La B. Blue, Susan, K., Dr.,	st, First, Middle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 11780 NOr	th Court		12 12 2019								
City Azle	State TX	Zip Code 76020-5534	Transaction ID : 44317893 Amount of Each Receipt this Period								
FEC ID number of contributive federal political committee.	ting		100.00								
Name of Employer (for Indi Neurological Services of Tex		upation (for Individual) urologist	Memo Item								
Receipt For: Primary Ger Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]								
Full Name of Individual (La c. Arbogast, Steven, ,	st, First, Middle Initial) or Full C Dr.,	Prganization Name	Date of Receipt								
Mailing Address 2170 West	1		12 / D D / Y Y Y Y 12 13 2019								
City Billings	State MT	Zip Code 59106-4742	Transaction ID : 44317923 Amount of Each Receipt this Period								
FEC ID number of contribu federal political committee.	ting		100.00								
Name of Employer (for Indi Billings Clinic	,	upation (for Individual) rologist	Memo Item								
Receipt For: Primary Ger Other (specify)	heral Aggregate	Year-to-Date ▼ 300.00]								
SUBTOTAL of Receipts This	Page (optional)		400.00								
TOTAL This Period (last page	e this line number only)										

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		Detailed Summary Page	13 14 15 16 17				
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Academy of Neu	rology BrainP	AC					
Full Name of Individual (Last, First, Mic Robbins, Matthew, S., Dr.,	Idle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 57 Midvale Road	State	Zip Code	12 / D D / Y Y Y Y Y 12 21 2019				
City Hartsdale	Transaction ID : 44319468						
FEC ID number of contributing	C NY	10530-3606	Amount of Each Receipt this Period				
federal political committee.		upation (for Individual)					
Name of Employer (for Individual) Weill Cornell Medicine	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify) ▼		240.00]				
Full Name of Individual (Last, First, Mic B. Douglas, Preston, , Dr.,	ldle Initial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 24 S Hillview Dr			12 21 2019				
City	State	Zip Code	Transaction ID : 44319469				
Narragansett	RI	02882-2809	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		21.00				
Name of Employer (for Individual) Newport Hospital		upation (for Individual) urologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]				
Full Name of Individual (Last, First, Mic C. Rosen, Noah, , Dr.,	Idle Initial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 44 Richards Road			12 21 2019				
City	State	Zip Code	Transaction ID : 44319470				
Port Washington	NY	11050-3823	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		21.00				
Name of Employer (for Individual)		upation (for Individual)	Memo Item				
Northwell Health	Neu	rologist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		252.00					
SUBTOTAL of Receipts This Page (optio	nal)		62.00				
TOTAL This Period (last page this line nu	umber only)						

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			person for the purpose of soliciting contributions 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 Koenig, Matthew, A., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1416 Koko Head Ave			12 21 2019					
City Honolulu	State HI	Zip Code 96816-3234	Transaction ID : 44319471 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		125.00					
Name of Employer (for Individual) The Queen's Medical Center		upation (for Individual) rologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]					
Full Name of Individual (Last, First, M B. Rudnicki, Stacy, A., Dr.,		rganization Name	Date of Receipt					
Mailing Address 280 East Grand Avenu		7.0.0.1	12 22 2019					
City South San Francisco	State CA	Zip Code 94080-4808	Transaction ID : 44319496					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					
Name of Employer (for Individual) Cytokinetics		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]					
Full Name of Individual (Last, First, M Jalal, Syed, M., Dr.,	iddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 306 Van Orden Ave			12 / D D / Y Y Y Y 22 2019					
City Leonia	State NJ	Zip Code 07605-1400	Transaction ID : 44319498 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		21.00					
Name of Employer (for Individual) BROADWAY MEDICAL CARE NEURO	LOGY & NEUR Neur		Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00]					
SUBTOTAL of Receipts This Page (opti-	,	,	166.00					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may ng the name and ac	y not be sold or used by any p Idress of any political committee	13 14 15 16 1' erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Academy of Neur	-							
Full Name of Individual (Last, First, Mide A. Tornes, Leticia, , Dr.,	Date of Receipt							
Mailing Address 6480 SW 49th St	12 22 2019							
City	State	Zip Code	Transaction ID : 44319499					
Miami	FL	33155-6103	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		21.00					
Name of Employer (for Individual) University of Miami		pation (for Individual) ologist	Memo Item					
Receipt For:		Year-to-Date ▼	-					
Other (specify) ▼		752.00]					
Full Name of Individual (Last, First, Mide B. Victorio, Cristina, , Dr.,	dle Initial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 84 Rotili Lane			12 22 2019					
City	State	Zip Code	Transaction ID: 44319500					
Copley	ОН	44321-3188	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		21.00					
Name of Employer (for Individual) Akron Children'S Hospital		pation (for Individual) rologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		, 252.00]					
Full Name of Individual (Last, First, Mide C. Posas, Jose, H., Dr.,	dle Initial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 1717 Jay St			12 / 22 / 2019					
City	State	Zip Code	Transaction ID : 44319501					
New Orleans	LA	70122-2812	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		21.00					
Name of Employer (for Individual) Ochsner Baptist		pation (for Individual) ologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify)		252.00	1					
SUBTOTAL of Receipts This Page (option	nal)		63.00					

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	Detailed Summary Page	×	11a 13	\square	111 14		11c		12 16	17					
Any information copied from such Reports ar or for commercial purposes, other than using								soliciting	g con	ntributi	ons				
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC													
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Greenfield, L, John, Dr., Jr. Mailing Address 11 Talcott Mountain Rd. 							Date of Receipt								
City Simsbury								12 22 2019 Transaction ID : 44319502 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C					7				21.0	0				
Name of Employer (for Individual) UConn Health Center Receipt For:	Neu	upation (for Individual) rologist		Me	emo	Ite	m								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00													
Full Name of Individual (Last, First, Middle De Havenon, Adam, , Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ceip	ot								
Mailing Address 175 N Medical Dr East 		12 / 22 / 2019 Transaction ID : 44319503						Ŷ							
Salt Lake City	State UT	Zip Code 84112-1505	A			-		ceipt th		eriod					
FEC ID number of contributing federal political committee.	C					21.00					0				
Name of Employer (for Individual)Occupation (for Individual)University of Utah HealthNeurologist					Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00													
Full Name of Individual (Last, First, Middle Keough, Karen, C., Dr., Mailing Address 13 Carriage House Lane	e Initial) or Full O	rganization Name		Date of	Re										
City	State	Zip Code	_	12 Trans) acti	L	22 ID • 4	431950	20	19	Y				
Austin	TX	78737-9321	A					ceipt th		eriod					
FEC ID number of contributing federal political committee.		_		9				21.0	0						
Name of Employer (for Individual)Occupation (for Individual)Child Neurology Consultants of AustinNeurologist						lte	em								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00													
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □					
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NAME OF COMMITTEE (In Full)	logv BrainP	AC						
	logy Drainin							
Full Name of Individual (Last, First, Middle A. Khan, Jaffar, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4669 Arbor Crest Place			M M / D D / Y Y Y Y 12 23 2019					
City	State	Zip Code	Transaction ID : 44319635					
Suwanee	GA	30024-6788	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		84.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Emory Healthcare		rologist	-					
Receipt For:	I	Year-to-Date ▼						
Primary General								
Other (specify) ▼		1008.00						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name						
Cedarbaum, Jesse, M., Dr.,			Date of Receipt					
Mailing Address 16 Old Barnabas Rd			12 23 Y Y Y Y Y 2019					
City	State	Zip Code	Transaction ID : 44319636					
Woodbridge	СТ	06525-1923	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		60.00					
Name of Employer (for Individual) Coeruleus Clinical Sciences LLC		upation (for Individual) Irologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General								
Other (specify) v		720.00						
Full Name of Individual (Last, First, Middle Busis, Neil, A., Dr.,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1065 2nd Ave, 7J			M M / D D / Y Y Y Y 12 23 2019					
City	State	Zip Code	Transaction ID : 44319637					
New York	NY	10022-2887	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		416.00					
Name of Employer (for Individual) UPP Department of Neurology-Shadyside		upation (for Individual) sician	Memo Item					
Receipt For:		Year-to-Date ▼						
Primary General	55 - 5							
Other (specify)		4440.00						
SUBTOTAL of Receipts This Page (optional))		560.00					
TOTAL This Period (last page this line numb	per 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				
	nd Statements may not be sold or used by any g the name and address of any political committe	person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) American Academy of Neuro	blogy BrainPAC					
Full Name of Individual (Last, First, Middl A. Morgan, Walter, R., Dr.,	Date of Receipt					
Mailing Address 1069 Nash Drive		12 / D D / Y Y Y Y 12 23 2019				
City Celebration	State Zip Code FL 34747-4310	Transaction ID : 44319638 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer (for Individual) Morgan Neurology INC	Occupation (for Individual) Neurologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00]				
Full Name of Individual (Last, First, Middl B. Simmons, Daniel, B., Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 705 Windrock Dr.		12 23 2019				
City Windcrest	State Zip Code TX 78239-2628	Transaction ID : 44319639 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	21.00				
Name of Employer (for Individual) San Antonio Military Medical Center	Occupation (for Individual) Neurologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00					
Full Name of Individual (Last, First, Middl C. Hanley, Ann, E., Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1978 Crompond Road		12 / D D / Y Y Y Y Y 12 23 2019				
City Cortlandt Manor	State Zip Code NY 10567-4111	Transaction ID : 44319640 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	D number of contributing					
Name of Employer (for Individual) NewYork-Presbyterian Medical Group Hud Receipt For:		Memo Item				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 252.00	1				
SUBTOTAL of Receipts This Page (optiona	l)	62.00				

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1'						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Academy of Neuro	logy BrainP	AC							
Full Name of Individual (Last, First, Middle A. Gutierrez, Amparo, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 55 W Church St Apt #2016			M M / D D / Y Y Y Y 12 23 2019						
City	State	Zip Code	Transaction ID : 44319641						
Orlando	FL	32801-4920	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Orlando Health		sician							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify) V		504.00							
Full Name of Individual (Last, First, Middle B. Reichman, Jordan, S., Dr.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1063 Lincoln St			12 23 2019						
City	State	Zip Code	Transaction ID : 44319642						
Salt Lake City	UT	84105-1449	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Intermountain Neurosciences Institute		upation (for Individual) urologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		240.00							
Full Name of Individual (Last, First, Middle C. Bickel, Jennifer, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3400 SW 22nd Street			12 23 2019						
City	State	Zip Code	Transaction ID : 44319645						
Blue Springs	MO	64015-7617	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Childrens Mercy Hospital Neurology	Neu	rologist							
Receipt For:	Aggregate	Year-to-Date V							
Primary General		4000.00							
Other (specify)		1200.00							
SUBTOTAL of Receipts This Page (optional))		162.00						
TOTAL This Period (last page this line num	per only)								

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
∖ NA	ME OF COMMITTEE (In Full) merican Academy of Neurolog									
/		-								
A . N	I Name of Individual (Last, First, Middle Init wankwo, Chinasa, , Dr.,	tial) of Full O	rganization Name	Date of Receipt						
	iling Address 64 Nestico Dr			12 23 2019						
City		State OH	Zip Code 44223-2665	Transaction ID: 44319646						
	yahoga Falls		44223-2003	Amount of Each Receipt this Period						
	C ID number of contributing eral political committee.	С		21.00						
	ne of Employer (for Individual) on Children'S Hospital		upation (for Individual) rologist	Memo Item						
	ceipt For:	Aggregate	Year-to-Date ▼	_						
	Primary General Other (specify) ▼		252.00]						
	Name of Individual (Last, First, Middle Initesta, Claudia, M., Dr.,	tial) or Full O	rganization Name	Date of Receipt						
	ling Address 1705 Park Ave	12 24 2019								
City	/	State	Zip Code	Transaction ID : 44323973						
Ric	hmond	VA	23220-2910	Amount of Each Receipt this Period						
	C ID number of contributing eral political committee.	С		20.00 Memo Item						
	me of Employer (for Individual) J Parkinson'S and Movement Disorders		upation (for Individual) irologist							
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
	Name of Individual (Last, First, Middle Init hacibeh, Georges, A., Dr.,	tial) or Full O	rganization Name	Date of Receipt						
	ling Address 630 Floyd St			12 24 2019						
City	/ glewood Cliffs	State NJ	Zip Code 07632-2052	Transaction ID : 44323974						
	-		07032-2032	Amount of Each Receipt this Period						
	C ID number of contributing eral political committee.	С		42.00						
Pro	ne of Employer (for Individual) gressive Neurology		upation (for Individual) rologist	Memo Item						
Re	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	1						

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
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		Use separate schedule(s)	(check only one)					
II EIVILLED KEGEIPIS		for each category of the Detailed Summary Page	Image: 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	logy BrainP	AC						
Full Name of Individual (Last, First, Middle A. Perkins, Erik, , Dr.,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 9930 Scripps Vista Way Apt 151			12 24 2019					
City	State	Zip Code	Transaction ID : 44323976					
San Diego	CA	92131-2765	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		84.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Sharp-Rees-Stealy Medical Group	Phy	sician						
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify) ▼		924.00						
Other (specily) ▼								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name						
B. Gilmer, William, S., Dr.,			Date of Receipt					
Mailing Address 2323 Dunstan Rd			12 / D D / Y Y Y Y 24 2019					
City	State TX	Zip Code	Transaction ID : 44323977					
Houston		77005-2613	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer (for Individual) Willam S Gilmer MD PA		upation (for Individual) Irologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1020.00	1					
Full Name of Individual (Last, First, Middle C. Gupta, Ajay, S., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 14335 Blue Heron Chase			12 / Y Y Y Y 12 25 2019					
City	State IN	Zip Code	Transaction ID : 44323993					
Roanoke		46783-8600	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		84.00					
Name of Employer (for Individual) Allied Physicians, Inc		upation (for Individual) rologist	Memo Item					
Receipt For:	I	Year-to-Date V						
Primary General	Ayyreyale		-					
Other (specify)		924.00						
SUBTOTAL of Receipts This Page (optional)		▶ 253.00					
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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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 1 person for the purpose of soliciting contributions			
	the name and a	ddress of any political committee	e to solicit contributions from such committee.			
Ame of committee (in full)	logy BrainP	AC				
Full Name of Individual (Last, First, Middle A. LeComte, Karen, Ann, Dr.,	Date of Receipt					
Mailing Address 27 Villa Virginia			12 25 2019			
City	State	Zip Code	Transaction ID : 44323994			
La Luz	NM	88337-9544	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		21.00			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
Champion Neurology		rologist				
Receipt For:		Year-to-Date ▼				
Primary General	Aggregate					
Other (specify)		231.00]			
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name				
B. Antonio, Aileen, , Dr.,			Date of Receipt			
Mailing Address 2295 New Town Dr NE			12 / D D / Y Y Y Y Y 12 25 2019			
City	State	Zip Code	Transaction ID: 44323995			
Grand Rapids	MI	49525-3917	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		200.00			
Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N		upation (for Individual) Irologist	Memo Item			
Receipt For:	Aggregate	Year-to-Date V				
Primary General	33 - 3 - 4		1			
Other (specify) v		, 2300.00				
Full Name of Individual (Last, First, Middle C. Davis, Anthony, , Dr.,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 279 Phillips Road			12 / D D / Y Y Y Y 12 25 2019			
City	State	Zip Code	Transaction ID : 44323996			
Pottsville	AR	72858-8896	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	5					
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
Davis Neurology PLLC	Neu	rologist				
Receipt For:	Aggregate	Year-to-Date 🔻				
Primary General Other (specify)		1350.00]			
SUBTOTAL of Receipts This Page (optional)		321.00			

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

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13	\vdash	11b	\vdash	11c	12		17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose		oliciting	contri	butio	ons	
$\left\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC										
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sico, Jason, J., Dr., Mailing Address 82 Redcoat Lane				Date of Receipt								
	City	State Zip Code				12 25 2019 Transaction ID : 44323997							
	Guilford FEC ID number of contributing federal political committee.	CT 06437-1905				Amount of Each Receipt this Period 85.00							
	Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin Receipt For:				Memo Item								
	Primary General Other (specify) ▼		Year-to-Date ▼ 935.00]									
в.	Full Name of Individual (Last, First, Middle Initia Brashear, Allison, , Dr.,	Organization Name	(Date of	Re	eceipt							
	Mailing Address 1531 N Street Apt 305				12 / D D / Y Y Y Y 12 25 2019								
	City Sacramento	State CA	Zip Code 95814-5099	/	Transaction ID : 44323998 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C					-		-	٤	30.00	כ	
	Name of Employer (for Individual) University of California, Davis	Occ Neu		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00											
C.	Full Name of Individual (Last, First, Middle Initia Sanders, Amy, E., Dr.,	al) or Full O	Organization Name		Date of	Re							
	Mailing Address 11 Wollmann Farms Road					12 / D D / Y Y Y Y 25 2019							
	City Burlington	State CT	Zip Code 06013-1625	/					432399 ceipt thi		od		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Neurologist					y .		9	10	0.00	כ	
	Name of Employer (for Individual) Ayer Neuroscience Institute Receipt For:				Memo Item								
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00											
s	UBTOTAL of Receipts This Page (optional)						y		9	26	65.00)	
т	OTAL This Period (last page this line number o	nly)							-		-		

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ITEMIZED RECEIPTS		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 Net	Irology BrainP	AC								
Full Name of Individual (Last, First, Mi A. McCabe, Paul, , Dr.,	ddle Initial) or Full O	organization Name	Date of Receipt							
Mailing Address 1283 Morning Star Dri	12 25 / Y Y Y Y 12 25 2019									
City Allentown	State PA	Zip Code 18106-8755	Transaction ID : 44324000 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		20.00							
Name of Employer (for Individual) Occupation (for Individual) Neurology Lehigh Valley Health Network Neurologist			Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Boes, Christopher, J., Dr.,			Date of Receipt							
Mailing Address 5146 Scenic Oak Drive	12 25 2019									
Rochester	State MN	Zip Code 55902-2569	Transaction ID : 44324001 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		21.00							
Name of Employer (for Individual)Occupation (for Individual)Mayo ClinicNeurologist			Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]							
Full Name of Individual (Last, First, Mi C. Gordon, David, Lee, Dr.,	Date of Receipt									
Mailing Address 2109 N. Gatewood Av	12 25 2019									
City Oklahoma City	State OK	Zip Code 73106-3816	Transaction ID : 44324002 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		20.00							
Name of Employer (for Individual) University of Oklahoma HSC		upation (for Individual) ressor and Chair	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
SUBTOTAL of Receipts This Page (optic	onal)		61.00							
TOTAL This Period (last page this line r	umber 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	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) American Academy of Neuro	logy BrainP	AC					
Full Name of Individual (Last, First, Middle A. Hirsch, Lawrence, J., Dr.,	e Initial) or Full O	Date of Receipt					
Mailing Address 11 Tree Top Ter	12 25 2019						
City	State	Zip Code	Transaction ID : 44324004				
Greenwich	СТ	06831-4319	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		21.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Yale University Comprehensive Epilepsy	Neu	rologist					
Receipt For:							
Primary General	, iggi oguto		1				
Other (specify) ▼		302.00					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Choe, Meeryo, , Dr.,			Date of Receipt				
Mailing Address 5439 Whitsett Ave Apt #9		12 25 2019					
City	State	Zip Code	Transaction ID : 44324005				
Valley Village	CA	91607-4710	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		21.00				
Name of Employer (for Individual) UCLA		upation (for Individual) Irologist	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General			1				
Other (specify)		, 252.00					
Full Name of Individual (Last, First, Middle C. Beltran, Dario, , Dr.,	Date of Receipt						
Mailing Address 4805 Briarwood Ave, Apt	12 26 2019						
City	State	Zip Code	Transaction ID : 44324025				
Midland	TX	79707-2677	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Premiere Physicians		upation (for Individual) rologist	Memo Item				
Receipt For:	I	-					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	1				
SUBTOTAL of Receipts This Page (optional)		102.00				

TOTAL This Period (last page this line number 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 13	\vdash	1	1b 4	11c 15		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the					or the		po	se of s	oliciting		ntribut	ions			
\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	PAC	<u> </u>												
A.	Full Name of Individual (Last, First, Middle Ini Kopinski, Jason, , Mr.,	tial) or Full C	Drga	nization Name		Date o	_	ece	•							
	Mailing Address 201 Chicago Ave	State		Zip Code	12 26 2019 Transaction ID : 44324026											
	Minneapolis	MN		55415-1126	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			91.00 Memo Item											
	Name of Employer (for Individual) American Academy of Neurology		•	tion (for Individual) Executive Director												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1092.00												
B.	Full Name of Individual (Last, First, Middle Ini Gao, Xiao-Ke, , Dr.,	itial) or Full C	Drga	nization Name	[Date o	f Re	ece	eipt							
	Mailing Address 102 Sheephill Road		12 / 26 / 2019 Transaction ID : 44324028													
	City Riverside	State CT		Zip Code 06878-1121								Period				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period													
	Name of Employer (for Individual) Eastern Comprehensive Medical Services	Occ Net	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1200.00												
C.	Full Name of Individual (Last, First, Middle Ini Bajaj, Nikesh, , Dr.,	itial) or Full C	Drga	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 295 E Roosevelt St, Apt 221					^M 12	/		D D D 26	/ Y		019 [°]	Y			
	City Phoenix	State AZ		Zip Code 85004-2094	4				n ID : 4 ach Re			Period				
	FEC ID number of contributing federal political committee.	С						y		y	_	21.0	0			
	Name of Employer (for Individual) Barrow Neurological Institute	Occ Neu	Memo Item													
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 252.00												
s	UBTOTAL of Receipts This Page (optional)			•••••				,		,	Ξ	212.0	0			
т	OTAL This Period (last page this line number	only)						,		-9-						

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IEWIZED RECEIPIS		Detailed Summary Page		11a		11b		11c	12					
		Detailed Summary Faye		13		14		15	16	17				
Any information copied from such Reports and or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
American Academy of Neurol	ogy BrainP	AC												
Full Name of Individual (Last, First, Middle Prusinski, Christopher, , Dr.,	Initial) or Full O	rganization Name	[Date of Receipt										
Mailing Address 119 Lansing Island				12 26 / Y Y Y Y 12 26 2019										
City	State	Zip Code	Transaction ID : 44324030											
Indian Harbour Beach	FL	32937-5354	/	Amoun	t of	Each	Rec	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C							-	209.	00				
Name of Employer (for Individual)	Occi	upation (for Individual)	_	м	emc	o Item								
Christopher J Prusinski,DO,PA		rologist												
Receipt For:														
Primary General	Aggregate	Year-to-Date V	_											
Other (specify)		2508.00												
Full Name of Individual (Last, First, Middle B. Jozefowicz, Ralph, F., Dr.,	Initial) or Full O	rganization Name		Date o	f Re	eceint								
Mailing Address 78 Lac Kine Drive			-	M M		D	D		YY	V				
Maining Address 78 Eac Kine Drive				12	<i>'</i>	2		/ 1	2019					
City	State	Zip Code		Trans	acti	ion ID	• 4/	432403 [.]	1					
Rochester	NY	14618-5608	ŀ	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			250.00										
Name of Employer (for Individual) University of Rochester	Occi		Memo Item											
Receipt For:	Aggregate													
Primary General	Aggregate	- 1												
Other (specify)	L	1000.00												
Full Name of Individual (Last, First, Middle C. Brandes, David, W., Dr.,	Initial) or Full O	rganization Name	[Date o	f Re	eceipt								
Mailing Address 106 Autumn Woods Drive				^M 12	1	D 2	7 7	/ Y	ү 2019	Y				
City	State	Zip Code		Trans	sact	ion ID	: 44	432583	7					
Sweetwater	TN	37874-6482	A	Amoun	t of	Each	Rec	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			85.00										
Name of Employer (for Individual)	Осси		М	emo	o Item									
Hope Neurology	Neu	rologist												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify)														
SUBTOTAL of Receipts This Page (optional)						9	_	9	544.	00				

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

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

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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		Detailed Summary Page	×	11a		11b	11c		12					
		, ,		13		14	15		16	17				
Any information copied from such Reports a or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full)														
American Academy of Neur	ology BrainP	AC												
Full Name of Individual (Last, First, Midd A. Kissela, Brett, M., Dr.,	lle Initial) or Full O	rganization Name	C	Date of Receipt										
Mailing Address 9878 Zig Zag Drive			12 / 27 / 2019											
City	State	Zip Code		Transaction ID : 44325838										
Montgomery	OH	45242-6311	A	mount	t of	Each F	Receipt	this I	Period					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emc	ltem								
University of Cincinnati Hospital		rologist												
Receipt For:		Year-to-Date ▼												
Primary General	Ayyreyale													
Other (specify)		2533.00												
Full Name of Individual (Last, First, Midd B. Banas, Thomas, M., Dr.,	lle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 11230 Dell Loch Way				^M ^M 12	/	D 19		Y Y 2	019	Y				
City	State	Zip Code		Trans	acti	ion ID :	443260	032						
Fort Wayne	IN	46814-8123	A	mount	t of	Each F	Receipt	this I	Period					
FEC ID number of contributing federal political committee.	С			250.00										
Name of Employer (for Individual) Allied Physicians		upation (for Individual) Irologist	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33 3		1											
Other (specify)		250.00												
Full Name of Individual (Last, First, Midd C. Greenfield, L, John, Dr., Jr.	lle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 11 Talcott Mountain Rd.				^M ^M 12	/	D 23			019	Y				
City	State	Zip Code		Trans	act	ion ID :	: 44327	164						
Simsbury	СТ	06070-2516	A	mount	t of	Each F	Receipt	this I	Period					
FEC ID number of contributing federal political committee.	C			_		y	. ,		100.	00				
Name of Employer (for Individual) UConn Health Center		upation (for Individual) rologist		M	emo	b Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 352.00												
SUBTOTAL of Receipts This Page (option	al)					y .			559.0	0				

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				Detailed Summary Page	×	11a		11		11c		12				
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	y information copied from such Reports and State for commercial purposes, other than using the na															
\backslash	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	American Academy of Neurology	BrainF	PA	C												
Α.	Full Name of Individual (Last, First, Middle Initial Safdieh, Joseph, E., Dr.,) or Full (anization Name		Date c	of R	lecei	ipt								
	Mailing Address 183 Green Oak Blvd				12 27 2019 Transaction ID : 44327174											
	City	State		Zip Code		Tran	sac	tion	1D : 4	4432717	4					
	Middletown	NJ		07748-2107	/	Amour	nt of	f Ea	ich Re	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						-		- 41-		250.0				
	Name of Employer (for Individual) Weill Medical College of Cornell Unive		•	ation (for Individual) ogist		N	lem	io Ite	em							
	Pagaint For:			ar-to-Date ▼												
	Primary General Other (specify) ▼	, iggi oguto	,	250.00]											
	Full Name of Individual (Last, First, Middle Initial) or Full (Orga	anization Name												
Β.	Bhat, Madhav, H., Dr.,				[Date c	of R	lece	ipt							
	Mailing Address 4108 Boca Trail Boca Trail					[™] 12		/	25	/ Y		19	Y			
		State IN		Zip Code						432720						
			_	46815-5779	-	Amour	nt of	t Ea	ICN RE	eceipt th	IS P	eriod				
	FEC ID number of contributing federal political committee.	С	_		250.00											
	Name of Employer (for Individual) Fort Wayne Neurological Center			ation (for Individual) logist		N	lem	io Ite	em							
	Receipt For:	Aggregate	e Ye	ar-to-Date V												
	Primary General				11.											
	Other (specify) v		,	250.00												
C.) or Full (Orga	anization Name		Date c	of R	lecei	ipt	_	_		_			
	Mailing Address 18911 Presley Circle	1		1		^M 12	1	L	28		20)19 [°]	Y			
	City	State CA		Zip Code						4432742	-					
	Cerritos			90703-6087	/	Amour	nt of	f Ea	ich Re	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С	_					y	_	,		30.0	0			
	Name of Employer (for Individual) Torrance Memorial Physician Network		•	ation (for Individual) ogist		N	1em	no It	em							
	Pagaint For:	1		ar-to-Date ▼												
	Primary General Other (specify)	, iggi oguto	,	360.00]											
s	UBTOTAL of Receipts This Page (optional)			•••••				9		,		530.0	0			

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Apr:	formation against from such Departs	Ctotomorto	, ,	13 14 15 16 17 berson for the purpose of soliciting contributions										
or for	commercial purposes, other than using t			e to solicit contributions from such committee.										
\ \	ME OF COMMITTEE (In Full)													
Ar	nerican Academy of Neurol	ogy BrainP	AC											
	Name of Individual (Last, First, Middle az, Awais, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt										
Mai	ling Address 1381 E. Hickory Lane			12 28 2019										
City	,	State	Zip Code	Transaction ID : 44327429										
Mu	rray	UT	84121-2502	Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С		250.00										
	ne of Employer (for Individual) versity of Utah		upation (for Individual) Irologist	Memo Item										
Rec	ceipt For:		Year-to-Date ▼											
	Primary General Other (specify) V	/ iggrogato	1000.00	1										
				-										
	Name of Individual (Last, First, Middle ohen, Bruce, H., Dr.,	Initial) or Full C	rganization Name	Date of Receipt										
Mai	ling Address 3141 Neille Lane			12 28 2019										
City	,	State	Zip Code	Transaction ID : 44327430										
Tw	insburg	OH	44087-3808	Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С		225.00										
	ne of Employer (for Individual) dren's Hospital Medical Center of		upation (for Individual) rsician	Memo Item										
Rec	ceipt For:	Aggregate	Year-to-Date ▼											
	Primary General	7.99.09u.0		1										
	Other (specify) ▼		2700.00	1										
	Name of Individual (Last, First, Middle eystat, Marina, , Dr.,	Initial) or Full C	rganization Name	Date of Receipt										
	ling Address 10124 Queens Blvd Ste A			12 28 2019										
City	,	State	Zip Code	Transaction ID : 44327432										
Fo	rest Hills	NY	11375-2779	Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С		21.00										
Nar	ne of Employer (for Individual)	000	upation (for Individual)	Memo Item										
	vanced Medical Care, PLLC		rologist											
	ceipt For:		Year-to-Date ▼											
	Primary General	Aggregate		-										
	Other (specify)													
SURT	TOTAL of Receipts This Page (optional).			496.00										
TOTA	L This Period (last page this line number	er only)												

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each catego Detailed Summ		✗ 11a 11b 11c 12 13 14 15 16 1'							
Any information copied from such Reports and or for commercial purposes, other than using			rson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC									
Full Name of Individual (Last, First, Middle Smith, Jonathan, K., Dr., Mailing Address 354 Compton Hills Dr										
City	State Zip Code		12 28 2019							
Wyoming	OH 45215-4118	3	Transaction ID : 44327433 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) UC Depart of Neurology & Rehabilitatio	Occupation (for Individ Neurologist	lual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	378.00								
Full Name of Individual (Last, First, Middle B. Gamaldo, Charlene, , Dr.,	Initial) or Full Organization Name		Date of Receipt							
Mailing Address 7511 Morris Street			M M / D D / Y Y Y Y 12 28 2019							
City Fulton	State Zip Code MD 20759-2307		Transaction ID : 44327434 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Johns Hopkins University	Occupation (for Individ Neurologist	dual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	504.00								
Full Name of Individual (Last, First, Middle c. Kosa, Steven, C., Dr.,	Initial) or Full Organization Name		Date of Receipt							
Mailing Address 9432 NE 92nd St			12 28 2019							
City Kansas City	State Zip Code MO 64157-7653		Transaction ID : 44327435 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		21.00							
Name of Employer (for Individual) Meritas Health Neurology	Occupation (for Indivic Neurologist	lual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	252.00								
SUBTOTAL of Receipts This Page (optional)		••••••	105.00							

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

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

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

(check only one)

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•••				Detailed Summary Page	×	11a		11b		11c		12					
						13		14		15		16	17				
	y information copied from such Reports and S for commercial purposes, other than using the																
\backslash	NAME OF COMMITTEE (In Full)																
$\Big\rangle$	American Academy of Neurolog	yy Brain	PAC														
Α.	Full Name of Individual (Last, First, Middle Init Di Carlo-Garner, Rosanna, L., Dr.,	tial) or Full	Orga	nization Name		Date of Receipt											
	Mailing Address 3647 Bayshore Blvd NE				12 / D D / Y Y Y Y Y Y 12 28 2019												
	City	State		Zip Code		Trans	sact	ion IC):	4432743	6						
	Saint Petersburg	FL		33703-5513	/	Amoun	t of	Each	R	eceipt th	nis F	Period					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 42.00												
	Name of Employer (for Individual)			tion (for Individual)		М	emc	lterr	ı								
	Vincent Di Carlo & Associates Receipt For:		leurolo	5	_												
	Primary General	Aggrega	te Yea	ar-to-Date 🔻													
	Other (specify) ▼		-	504.00													
в.	Full Name of Individual (Last, First, Middle Init Urion, David, K., Dr.,	tial) or Full	Orga	nization Name		Date o	f Re	eceipt									
	Mailing Address 3 Pierce Hill Road					M M 12		D	D 28	/ Y	Y 20)19	Y				
	City	State		Zip Code		Trans	acti	ion IE):4	4432743	7	_					
	Lincoln	MA 01773-3201								eceipt th		Period					
	FEC ID number of contributing federal political committee.	C					100.00										
	Name of Employer (for Individual) Children's Hospital Boston	O N	Memo Item														
	Receipt For:	Aggrega	te Yea	ar-to-Date V													
	Primary General	7.99.09u			11												
	Other (specify)		,	1200.00													
C.	Full Name of Individual (Last, First, Middle Init Vest, Christina, Kelly, Ms.,	tial) or Full	Orga	nization Name		Date o	f Re	eceipt									
	Mailing Address 57 West Charlotte Ave					^M 12	/		28	/ Y)19 [°]	Y				
	City	State		Zip Code		Trans	sact	ion II) : (4432743	88						
	Wyoming	OH		45215-2012	/	Amoun	t of	Each	R	eceipt th	nis F	Period					
	FEC ID number of contributing federal political committee.	С						y		, y		20.0	0				
	Name of Employer (for Individual) Mercy Health-The Jewish Hospital	O(Ne		M	emo	o Iten	ſ										
	Receipt For: Primary General Other (specify)	Aggrega															
s	UBTOTAL of Receipts This Page (optional)				.			y		9		162.0	0				

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

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	Statements may not be sold or used by any point the name and address of any political committee								
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC								
Full Name of Individual (Last, First, Middle A. Young, Robyn, G., Dr.,	Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5 Sandpiper Place		12 30 / Y Y Y Y Y 2019							
City Alameda	StateZip CodeCA94502-7419	Transaction ID : 44327454 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	250.00							
Name of Employer (for Individual) Robyn G. Young, MD, A Prof. Corp.	Occupation (for Individual) Neurologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Middle B. Bressman, Susan, B., Dr.,	Initial) or Full Organization Name	Date of Receipt							
Mailing Address 130 EastEnd Avenue		12 30 / Y Y Y Y 12 30 2019							
City New York	State Zip Code NY 10028-7553	Transaction ID : 44330095							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period							
Name of Employer (for Individual) Mount Sinai Health System	Occupation (for Individual) Physician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]							
Full Name of Individual (Last, First, Middle C. Wulff, John, D., Dr.,	Initial) or Full Organization Name	Date of Receipt							
Mailing Address 1508 W White River Blvd	State Zip Code	12 / D D / Y Y Y Y 30 / 2019							
City Muncie	State Zip Code IN 47303-4949	Transaction ID : 44331260 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	250.00							
Name of Employer (for Individual) Neurology of Eastern Indiana	Occupation (for Individual) Neurologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]							
SUBTOTAL of Receipts This Page (optional).	•	900.00							

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

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Academy of Neuro	logy BrainP	AC								
Full Name of Individual (Last, First, Middle A. Yerby, Mark, S., Dr.,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address Fat Pony Farm 63705 Deschutes Market F	Road		12 30 Y Y Y Y 12 30 2019							
City Bend	State OR	Zip Code 97701-8817	Transaction ID : 44331261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Retired		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, Middle B. McKinnon, Jonathan, Hart, Dr.,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 351 N Buffalo Drive Suite B			12 30 2019							
City Las Vegas	State NV	Zip Code 89145-0301	Transaction ID : 44331262 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		200.00							
Name of Employer (for Individual) Las Vegas Clinic		upation (for Individual) urologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Other (specify) V		, 2400.00	1							
Full Name of Individual (Last, First, Middle C. Chiota-McCollum, Nicole, A., D		Organization Name	Date of Receipt							
Mailing Address 1806 Warbler Way			12 30 2019							
City Charlottesville	State VA	Zip Code 22903-7956	Transaction ID : 44331269 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) University of Virginia School of Medic		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]							
SUBTOTAL of Receipts This Page (optional)		950.00							
TOTAL This Period (last page this line numl	per only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 46 OF

		Use separate schedule(s)	(check of	(check only one)							
		for each category of the Detailed Summary Page	X 11a	۹ –	11b	11c	12	<u> </u>			
Any information copied from such Rep or for commercial purposes, other that											
NAME OF COMMITTEE (In Full)	-										
American Academy of N	eurology BrainP	AC									
Full Name of Individual (Last, First, Gustafson, Jon, M., Dr.,	Middle Initial) or Full C	Organization Name	Date	of R	leceipt						
Mailing Address 7009 Naples Way				12 30 / Y Y Y Y Y 12 30 2019							
City Fort Smith	State AR	Zip Code 72916-8701				: 4433127 Receipt th					
FEC ID number of contributing federal political committee.	C				ajn.	1.75	1000.0	00			
Name of Employer (for Individual) CNSA Neurology		upation (for Individual) Irologist		Mem	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1								
Full Name of Individual (Last, First, B. Becker, P, Scott, Dr.,	Middle Initial) or Full C	organization Name	Date	of R	leceipt						
Mailing Address 886 Rosewood Driv			12 / D D / Y Y Y Y 16 / 2019								
City	State KY	Zip Code				: 4434167					
Villa Hills		41017-1384	Amo	unt o	f Each I	Receipt th	is Period				
FEC ID number of contributing federal political committee.	1000.00										
Name of Employer (for Individual) Riverhills NeuroScience		upation (for Individual) /sician		Mem	no Item						
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		1000.00]								
Full Name of Individual (Last, First, Rave, Todd, A., Dr. ,		Organization Name	Date	of R	leceipt						
Mailing Address 3240 Parkwood Dr			M 1	2 ^M	/ D 28		2019 [°]	Y			
City Stevens Point	State WI	Zip Code 54481-5571				: 4436613 Receipt th					
FEC ID number of contributing federal political committee.	C				y .		100.0	00			
Name of Employer (for Individual) Ascension Medical Group		upation (for Individual) rologist		Mem	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]								
SUBTOTAL of Receipts This Page (c	ptional)	······)			9	,	2100.0	00			
TOTAL This Period (last page this lir	e number only)		. []		-						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 47 OF

52

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
ight angle American Academy of	Neurology BrainP	AC									
Full Name of Individual (Last, Fir	rst, Middle Initial) or Full C	rganization Name									
A. Morris, John, C., Dr.,			Date of Receipt								
Mailing Address 750 South Hanle			12 30 Y Y Y Y 2019								
City	State MO	Zip Code 63105-2695	Transaction ID : 44366217								
Clayton	MO	63105-2695	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual	I) Occ	upation (for Individual)	Memo Item								
Washington University	Phy	sician									
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		600.00	1								
Other (specify) V			1								
Full Name of Individual (Last, Fir	rst, Middle Initial) or Full C	rganization Name									
B. Coni, Robert, , Dr.,			Date of Receipt								
Mailing Address 1830 B Culberts			12 / D D / Y Y Y Y 12 31 2019								
City	State	Zip Code	Transaction ID : 44366248								
Myrtle Beach	SC	29577-1909	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individua Grand Strand Medical Center	,	upation (for Individual) Irologist	Memo Item								
Receipt For:		Year-to-Date ▼									
Primary General			1								
Other (specify) ▼		, 630.00									
Full Name of Individual (Last, Fir C. Herzog, Steven, P., Dr.,		rganization Name	Date of Receipt								
Mailing Address 6301 Gaston Av West Tower	re Ste 400		12 31 2019								
City	State	Zip Code	Transaction ID : 44366546								
Dallas	ТХ	75214-3922	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individual		upation (for Individual)	Memo Item								
Texas Neurology, P.A.		rologist	-								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		250.00	1								
Other (specify)		230.00	1								
SUBTOTAL of Receipts This Page	(optional)		450.00								
	(- <u>-</u>)										
TOTAL This Period (last page this	line number only)		•								

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 48 OF

52

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			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 BrainP	AC						
Full Name of Individual (Last, First, Middle Nguyen, Frederic, N., Dr.,	Date of Receipt							
Mailing Address 2821 East George Bush H	12 31 Y Y Y Y Y 2019							
City Richardson	State TX	Zip Code 75082-4280	Transaction ID : 44366549					
		13002 4200	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
Texas Neurology	Neu	urologist						
Receipt For:	Aggregate	Year-to-Date V						
Primary General		250.00						
Other (specify) v		250.00						
Full Name of Individual (Last, First, Middle B. DeAngelis, Lisa, M., Dr.,	Initial) or Full C	rganization Name						
			Date of Receipt					
Mailing Address 400 East 56th Street			12 29 2019					
City	State	Zip Code	Transaction ID : 44366561					
New York	NY	10022-4147	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Memorial Sloan-Kettering Cancer Center	ne of Employer (for Individual) norial Sloan-Kettering Cancer Center Physician							
Receipt For:								
Primary General								
Other (specify) ▼		500.00						
Full Name of Individual (Last, First, Middle , Qazi, Faisal, M., Dr.,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 1240 West Valencia Mesa	M = M / D = D / Y = Y = Y							
City	12 19 2019							
City Fullerton	State CA	Zip Code 92833-2221	Transaction ID : 44471409 Amount of Each Receipt this Period					
FEC ID number of contributing	С		0.00					
federal political committee.								
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
The Neurology Group	Neu	ırologist						
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify)		334.00	Refund(s) on Schedule B Totaling \$84.00 This ch the YTD Total to \$334.00					
			770.00					
SUBTOTAL of Receipts This Page (optional))							
TOTAL This Period (last page this line number	per only)		21378.63					

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 49 OF 52						
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the		one) 22 🗶 23 26 27						
	Detailed	Summary Page	21b 28a	28b 28c 29 30b						
Any information copied from such Reports and Stat or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)	ame and add	aress of any politic	car committee to	Solicit contributions from such committee.						
American Academy of Neurology	BrainPA	C								
Full Name (Last, First, Middle Initial) A. Blumenauer For Congress	Date of Disbursement									
Mailing Address 901 Se Oak Street Suite 105				12 05 2019						
City	State OR	Zip Code		FEC Identification Number						
Portland Purpose of Disbursement	UR	97214		C C00307314						
Campaign Contribution			011	C C00307314 Transaction ID : 44246021						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Blumenauer, Earl, , Rep., Office Sought: x House Disburs	ement For:	2015	Туре	1500.00						
Senate	Primary	x General		Campaign Contribution						
State: OR District: 03	Other (spe	ecify) 🔻		Memo Item						
Full Name (Last, First, Middle Initial)										
B. Smart Solutions PAC		Date of Disbursement								
Mailing Address 600 Pennsylvania Ave SE #1584	15			12 05 2019						
City	State DC	Zip Code		FEC Identification Number						
Washington Purpose of Disbursement		20003		С						
Leadership PAC Contribution	011	Transaction ID : 44246034								
Candidate Name	Amount of Each Disbursement this Period									
Office Sought: House Disburs	Туре	1000.00								
Senate										
State: District:	Other (spe	ecify)		Memo Item						
Full Name (Last, First, Middle Initial)										
C. Friends Of Sherrod Brown	Date of Disbursement									
Mailing Address PO Box 15293		12 05 2019								
City Washington	State DC	Zip Code 20003		FEC Identification Number						
Purpose of Disbursement			011	C C00264697						
Campaign Contribution	Transaction ID : 44246035									
Brown, Sherrod, , Sen.,	Amount of Each Disbursement this Period									
Office Sought: House Disbursement For: 2024				1000.00						
★Senate★PrimaryGeneralPresidentOther (specify)▼				Campaign Contribution						
State: OH District:		·····		Memo Item						
				2500.00						
SUBTOTAL of Disbursements This Page (optional)			····· •	3500.00						
TOTAL This Period (last page this line number on	y)		••••••							

SCHEDULE B (FEC Form 3X)	Use ser	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 50 ((check only one)						50 OF	52	
ITEMIZED DISBURSEMENTS	for each			21b	22 28b		23 28c	26		27 20b		
Any information canied from such Deports and	Statemente meu	not be cold or use		28a						30b		
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
American Academy of Neurolog	gy BrainPA	C										
Full Name (Last, First, Middle Initial)					-							
A. Healthcare Freedom Fund							Date of Disbursement					
Mailing Address PO Box 2485												
City Springfield	State VA	Zip Code 22152			FEC Identification Number							
Purpose of Disbursement Leadership PAC Contribution			044		С							
Candidate Name			011		Transaction ID : 44246036						I	
			Catego Type		Amount of Each Disbursement this Period					iod		
	oursement For:						7		1	000.00		
Senate President	Other (spe	General			Leadership PAC Contribution							
State: District:		;, •			Memo Item							
Full Name (Last, First, Middle Initial)												
B. Welch For Congress					Date of Disbursement							
Mailing Address PO Box 1682						12 / D D / Y Y Y Y 12 05 2019						
City Burlington	State VT	Zip Code 05401			FEC Id	entif	ficatio	n Numb	er			
Purpose of Disbursement	Purpose of Disbursement						C C00413179					
Campaign Contribution 011							Transaction ID : 44246037					
Welch, Peter, , Rep., Type						Amount of Each Disbursement this Period				iod		
Office Sought: K House Disb							1000.00					
Senate							Campaign Contribution					
State: VT District: 00	Other (spe	Other (specify)					Memo Item					
Full Name (Last, First, Middle Initial)												
C. Brady For Congress						Date of Disbursement						
Mailing Address PO Box 8277					^M 12	/	D 0)19		
City	State	Zip Code			FEC Id	entil	ficatio	n Numb	er			
The Woodlands Purpose of Disbursement	ТХ	77387			С		03110					
Campaign Contribution							1	- 1	246029			
Candidate Name Category/ Category/						Transaction ID : 44246038 Amount of Each Disbursement this Peri					iod	
Office Couchty Dist	Brady, Kevin, Patrick, Rep., Type					100						
Since Sought: Thouse Disbursement For: 2015 Senate Primary Transformed General					Campaign Contribu							
President Other (specify) ▼					Me	emo	Item	Campa	ign Coi	IIIDUIIOII		
State: TX District: 08							nom					
SUBTOTAL of Disbursements This Page (optio	nal)			•			,		;	3000.00		
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 51 OF 52					
ITEMIZED DISBURSEMENTS	for each Detailed	parate schedule(s) n category of the I Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Academy of Neurology	BrainPA	C							
Full Name (Last, First, Middle Initial) A- Buddy Carter For Congress	Date of Disbursement								
Mailing Address PO Box 10570				12 05 Y Y Y Y Y 12 12 105					
 City Savannah	State GA	Zip Code 31412		FEC Identification Number					
Purpose of Disbursement Campaign Contribution			011	С С00543967					
Candidate Name			011	Transaction ID : 44246039					
Carter, Buddy, , Rep.,			Category/ Type	Amount of Each Disbursement this Period					
	ement For:	2015	туре	1000.00					
Senate	Primary	General							
President State: GA District: 01	Other (sp	ecify) ▼		Campaign Contribution Memo Item					
Full Name (Last, First, Middle Initial)									
B. People For Derek Kilmer				Date of Disbursement					
Mailing Address PO Box 1381				12 05 2019					
City Tacoma	State WA	Zip Code 98402		FEC Identification Number					
Purpose of Disbursement Campaign Contribution	C C00514893 Transaction ID : 44246608								
Candidate Name Kilmor Dorok Rop			Category/	Amount of Each Disbursement this Period					
Kilmer, Derek, , Rep., Office Sought: x House Disburse	Туре	1000.00							
Senate		Campaign Contribution							
State: WA District: 06	Primary Other (sp	ecify)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. Stabenow For Us Senate	Date of Disbursement								
Mailing Address P.O. Box 4945				12 05 2019					
City	State	Zip Code		FEC Identification Number					
East Lansing Purpose of Disbursement	MI	48826		C C00344473					
Campaign Contribution									
Candidate Name			Category/	Transaction ID: 44246609 Amount of Each Disbursement this Period					
Stabenow, Debbie, , Sen.,			Туре						
Consta	ement For: Primary	2024 General		1000.00					
x Senate President	Campaign Contribution								
State: MI District:									
SUBTOTAL of Disbursements This Page (optional)			•••••••	3000.00					
TOTAL This Period (last page this line number onl	V)			9500.00					

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 OF 52					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one)				
-		Summary Page	21b X 28a	22 23 26 27 28b 28c 20 20				
				28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na	ame and add	ress of any political	committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		~						
American Academy of Neurology	BrainPA	J						
Full Name (Last, First, Middle Initial)	Date of Disbursement							
A. Qazi, Faisal, M., Dr.,								
Mailing Address 1240 West Valencia Mesa Drive	12 19 2019							
City Fullerton	State CA	Zip Code 92833-2221		FEC Identification Number				
Purpose of Disbursement				С				
			010	Transaction ID : 44318178				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:	I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	84.00				
Senate	Primary	General						
State: District:	Other (spe	cify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
В.				Date of Disbursement				
Mailing Address	M = M / D = D / Y = Y = Y							
	State	Zip Code						
City		FEC Identification Number						
Purpose of Disbursement	С							
Candidate Name								
	Amount of Each Disbursement this Period							
Office Sought: House Disburse								
Senate								
State: District:	Other (spec		Memo Item					
Full Name (Last, First, Middle Initial)								
С.				Date of Disbursement				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement								
	C							
Candidate Name	Amount of Each Disbursement this Period							
	ement For: Primary	General						
Senate President								
State: District:	Other (spe	uny) ▼	Memo Item					
SUBTOTAL of Disbursements This Page (optional)			····· ►	84.00				
TOTAL This Period (last page this line number onl	y)			84.00				