PAGE 1 / 29

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than An Aut	thorized Committee	Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
American Academy of	Neurology BrainPAC			
ADDRESS (number and street)	401 C St NE			
Check if different than previously reported. (ACC)	Washington		DC 2000	02
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲	ZIP CODE 🛦
C C00435933		S THIS REPORT X (N) O	R AMENDED)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mai Apr (c) 12-Day PRE-Election Report for the: 3) Election (d) 30-Day	General (30G)	Sep 20 (M9)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 06	01 2015	through 06	30 2	2015
I certify that I have examined the Type or Print Name of Treasure	•	f my knowledge and belief it is	true, correct and compl	lete.
Signature of Treasurer Mr. T	ümothy J. Engel	[Electronically Filed]	Date 07 1	2015
NOTE: Submission of false, errone Office	eous, or incomplete informatio	on may subject the person signin		
Use Only				C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC 06 01 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 114069.08 January 1, 2015 (b) Cash on Hand at 137883.46 Beginning of Reporting Period..... 185064.22 11441.51 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 149324.97 299133.30 6(a) and 6(c) for Column B)..... 28500.00 178308.33 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 120824.97 120824.97 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO 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. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

other than loans) From: //Persons Other cal Committees id (use Schedule A) ized	9641.51 1800.00 11441.51 0.00 0.00 11441.51	132678.03 52386.19 185064.22 0.00 185064.22 0.00
cal Committees d (use Schedule A)	1800.00 11441.51 0.00 0.00 11441.51	52386.19 185064.22 0.00 185064.22 185064.22 0.00
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(add (ald (ii) and (ii)	11441.51 0.00 0.00 11441.51	185064.22 0.00 0.00 185064.22 0.00
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arty Committees ical Committees PACs) ributions (add Lines b), and (c)) (Carry ine 33, page 5) Affiliated/Other es	0.00 0.00 11441.51 0.00	0.00 0.00 185064.22 0.00
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	0.00	0.00
nts Received	0.00	0.00
rating Expenditures		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
		0.00
	0.00	0.00
	7	7 7
· ·	0.00	0.00
	7	7
	0.00	0.00
,	7	
s (from Schedule H5)	0.00	0.00
ers (add 18(a) and 18(b))	0.00	0.00
	ates, etc.) Line 37, page 5) Intributions Made didates and Other dittees Receipts erest, etc.) Non-Federal and Levin Funds al Account edule H3) Se (from Schedule H5) ders (add 18(a) and 18(b)) (add Lines 11(d), 16, 17, and 18(c))	ates, etc.) Description of Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		This is a second
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	28500.00	178000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	308.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	308.33
=		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28500.00	178308.33
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	28500.00	178308.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11441.51	185064.22
34. Total Contribution Refunds (from Line 28(d))	0.00	308.33
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11441.51	184755.89
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 29 (check only one)							
ITEMIZED RECEIPTS		for each category of the	` ,						
_		Detailed Summary Page	X 11a	·	11b	11c	\vdash	12 	— .
Any information conicd from such Density	Ctotom	ov not be cold or used by service	13		14	f collisitin		16	17
Any information copied from such Reports and or for commercial purposes, other than using to									
NAME OF COMMITTEE (In Full)									
American Academy of Neurology	ogy BrainP	AC							
Full Name (Last, First, Middle Initial) A. Dr. David L. Camenga			Date	of Re	ceipt				
Mailing Address 6 Glenwood Ave			M = 06		01		20°	15	7
City	State	Zip Code				: 382306		10	
Augusta	ME	04330-6906				Receipt 1		eriod	
FEC ID number of contributing federal political committee.	С				7			125.0	0
Name of Employer	Occupation	1							
Togus Veterans' Adm Med Ctr	Neurologist								
Receipt For:	T -	Year-to-Date ▼							
Primary General Other (specify) ▼		250.00]						
Full Name (Last, First, Middle Initial) B. Dr. Brett M. Kissela			Date	of Re	ceipt				
Mailing Address 9878 Zig Zag Road			06		01		201	Y Y	7
City	State	Zip Code				382306			
Cincinnati	ОН	45242-6311				Receipt 1		eriod	
FEC ID number of contributing federal political committee.	С				7			250.0	0
Name of Employer	Occupation	1							
Univ of Cincinnati, Dept of Neuro	Neurologist								
Receipt For:	T	Year-to-Date ▼							
Primary General	, iggi ogalo		-						
Other (specify) ▼	L	500.00]						
Full Name (Last, First, Middle Initial) C. Dr. Elaine C. Jones	<u> </u>		Date	of Re	ceint				
Mailing Address 212 Bay Spring Ave				M /	D	D /	V V	Y	
			06		01		201		
City	State	Zip Code	Tra	nsacti	ion ID	: 382306	97		
Barrington	RI	02806-1332	Amou	unt of	Each I	Receipt 1	his Pe	eriod	
FEC ID number of contributing federal political committee.	C							500.0	0

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

4500.00

Occupation

Aggregate Year-to-Date ▼

Physician

federal political committee.

Other (specify) v

General

Name of Employer

Primary

Self

Receipt For:

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

l	FOF	LINE	NU	MBER	:	PAGE	:	1	OF	29
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l	X	11a		11b		11c		12	!	
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	nd Statements may not be sold or used by any personal the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 9235 NW 26th Avenue		Date of Receipt
Maining Address 3233 NVV 25th Avenue		06 02 2015
City	State Zip Code FL 32606-9180	Transaction ID: 38230987
Gainesville	FL 32000-9180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Univ. of FL Dept. of Neurology	Behavioral Neurology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 401.00	
Full Name (Last, First, Middle Initial) 3. Dr. Dawn Eliashiv		Date of Receipt
Mailing Address 204 South Stanley Drive		06 02 2015
City	State Zip Code	Transaction ID: 38230988
Beverly Hills	CA 90211-3005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
UCLA	Physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas Elwood Johnson		Date of Receipt
Mailing Address 2207 E Camino Way		06 02 / Y Y Y Y Y Y
City Salt Lake City	State Zip Code UT 84121-4908	Transaction ID : 38230989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Univ. of Utah	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	410.00	
SUBTOTAL of Receipts This Page (optional)	325.00
TOTAL This Period (last page this line numl	per only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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	13		14		15	16	,	17

NAME OF COMMITTEE (In Full) American Academy of Neur	rology BrainPAC	to consit continuations from such confillities.
Full Name (Last, First, Middle Initial) Dr. Awais Riaz Mailing Address 4454-A Kelmscott Lane		Date of Receipt
	7:0	06 03 2015
City Salt Lake City	State Zip Code UT 84124-2580	Transaction ID : 38234428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Univ. of Utah	Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Allison L. Weathers		Date of Receipt
Mailing Address 3444 Lake St		M = M / D = D / Y = Y = Y
City	State Zip Code	06 03 2015
Evanston	IL 60203-1935	Transaction ID : 38234430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
RUMC	RUMC Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.85	
Full Name (Last, First, Middle Initial)		2. (2
Dr. Sarah M. Benish Mailing Address 5949 Bradbury Court		Date of Receipt 06 03 2015
City Inver Grove Heights	State Zip Code MN 55076-1597	Transaction ID : 38234431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Fairview Health Services	Neurologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	541.67
	` _	
OTAL This Period (last page this line nu	mber only)	

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

FOR	FOR LINE NUMBER:					9	OF	29
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X	11a		11b		11c	12	!	
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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ogy ProipDAC	
American Academy of Neurology	ugy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Erik Perkins		Date of Receipt
Mailing Address 11660 Cypress Canyon Ro	ad	06 09 2015
City	State Zip Code	Transaction ID : 38253960
San Diego	CA 92131-3756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Sharp-Rees-Stealy Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Steven J. Holtz		Date of Receipt
Mailing Address 6970 Broadway Terrace		06 09 2015
City	State Zip Code	Transaction ID : 38253961
Oakland	CA 94611-1950	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	1
John Muir Physical Ntwk	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr. Allison Brashear		Date of Receipt
Mailing Address 208 Hadley Ct		06 10 2015
City	State Zip Code	706 10 2015 Transaction ID : 38255539
Winston Salem	NC 27106-4489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	1
Wake Forest	Neurologist	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	525.00	
Other (specify) ▼	525.00	
CURTOTAL of Descriptor This Dominal of the Control	•	275.00
SUBTUTAL of Receipts This Page (optional).	>	213.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 2015 City Zip Code State Transaction ID: 38265050 OH Twinsburg 44087-3808 Amount of Each Receipt this Period FEC ID number of contributing 185.00 federal political committee. Name of Employer Occupation Children's Hospital and Med. Center of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 925.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Terrence L. Cascino Date of Receipt Mailing Address 2931 Stone Park Dr NE 06 2015 City State Zip Code Transaction ID: 38265137 MN Rochester 55906-7722 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Mayo Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 504.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert Scott Duff Date of Receipt Mailing Address 5931 S Northernridge Rd 06 12 2015 City Zip Code State Transaction ID: 38267691 MO Springfield 65810-1973 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Mercy Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 369.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. James C. Stevens Date of Receipt Mailing Address 12112 Aboite Center Rd 2015 City Zip Code State Transaction ID: 38271961 IN Fort Wayne 46814-9528 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Allied Physicians, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 925.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael R. Yochelson Date of Receipt Mailing Address 3919 Commander Drive 06 15 2015 City State Zip Code Transaction ID: 38271972 MD Hyattsville 20782-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation MedStar National Rehabilitation Hospit Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David A. Evans Date of Receipt Mailing Address 3356 Miro Place 06 15 2015 City Zip Code State Transaction ID: 38271973 TX **Dallas** 75204-7526 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation COO **Texas Neurology** Receipt For: Aggregate Year-to-Date ▼ Primary General 1900.00 Other (specify) 445.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 11c

29

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd 2015 City Zip Code State Transaction ID: 38271974 77005-2613 TX Houston Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ralph F. Jozefowicz Date of Receipt Mailing Address 78 Lac Kine Drive 06 15 2015 City State Zip Code Transaction ID: 38271975 NY Rochester 14618-5608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Rochester Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Constantine Moschonas Date of Receipt Mailing Address 8113 E Del Cuarzo Dr 06 15 2015 City State Zip Code Transaction ID: 38271977 ΑZ Scottsdale 85258-2254 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Occupation Four Peaks Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 1085.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Stanley J. Whitney Date of Receipt Mailing Address 1108 Ronds Pointe Dr. West 2015 City Zip Code State Transaction ID: 38277825 FL Tallahassee 32312-6788 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Name of Employer Occupation Tallahassee Neurology Associates Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 06 16 2015 City State Zip Code Transaction ID: 38277826 NJ Tenafly 07670-1118 Amount of Each Receipt this Period FEC ID number of contributing 416.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2496.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Lyell K. Jones Date of Receipt Mailing Address 2055 Scenic View Lane SW 06 18 2015 City Zip Code State Transaction ID: 38292368 MN Rochester 55902-2575 Amount of Each Receipt this Period FEC ID number of contributing 23.00 С federal political committee. Name of Employer Occupation Mayo MN Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 369.00 Other (specify) 529.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 11c

29

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Mill Etienne Date of Receipt Mailing Address 19 Coe Farm Road 2015 City Zip Code State Transaction ID: 38292369 NY Montebello 10901-2908 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Bon Secours Charity Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Edgar J. Kenton III Date of Receipt Mailing Address 100 N Academy Ave 06 18 2015 City State Zip Code Transaction ID: 38292370 PA Danville 17822-9800 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Geisinger Health system Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jaffar Khan Date of Receipt Mailing Address 292 Riverford Way 06 18 2015 State Zip Code Transaction ID: 38292371 GA Lawrenceville 30043-6416 Amount of Each Receipt this Period FEC ID number of contributing 84.00 С federal political committee. Name of Employer Occupation **Emory Clinic** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 1184.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Colleen Vanderkolk Date of Receipt Mailing Address 704 Thurrock Circle 2015 City Zip Code State Transaction ID: 38292372 TN Brentwood 37027-1504 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation St. Thomas Medical Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Keith Coffman Date of Receipt Mailing Address 4119 W. 94th Terrace 06 18 2015 City State Zip Code Transaction ID: 38292373 Prairie Village KS 66207-2713 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Children's Mercy Hospital Self Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Daniel C. Potts Date of Receipt Mailing Address 136 Covey Chase 06 19 2015 City State Zip Code Transaction ID: 38295563 AL Tuscaloosa 35406-1801 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation V٨ Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Jonathan Hart McKinnon Date of Receipt Mailing Address 7575 W Washington Ave, #127-160 2015 City Zip Code State Transaction ID: 38303232 NV Las Vegas 89128-4333 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Las Vegas Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Yoon-Hee Cha Date of Receipt Mailing Address 4313 South Retana Avenue 06 22 2015 City State Zip Code Transaction ID: 38303233 OK **Broken Arrow** 74011-1398 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Francis Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John W. Henson Date of Receipt Mailing Address 1800 Howell Mill Road NW, Suite 62 06 23 2015 City State Zip Code Transaction ID: 38304067 GΑ Atlanta 30318-2538 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Piedmont Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Sarah Song Mailing Address 2045 W. Concord Place, #405 City Chicago FEC ID number of contributing federal political committee. Name of Employer Rush Receipt For:	State Zip Code IL 60647-5481 C Occupation Neurologist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	504.00	
Full Name (Last, First, Middle Initial) 3. Dr. Lily Jung Henson Mailing Address 4785 Kitty Hawk Drive		Date of Receipt 06 23 2015
City Atlanta FEC ID number of contributing federal political committee.	State Zip Code GA 30342-2506	Transaction ID : 38304069 Amount of Each Receipt this Period 416.00
Name of Employer Piedmont Healthcare Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2496.00	
Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass Mailing Address 4903 Valerie		Date of Receipt M M / D D / Y = Y = Y = Y 06 24 2015
City Bellaire FEC ID number of contributing federal political committee.	State Zip Code TX 77401-5707	Transaction ID : 38304936 Amount of Each Receipt this Period 100.00
Name of Employer Baylor College of Medicine Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 18 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Dario M. Zagar Date of Receipt Mailing Address 201 Fairmount Terrace 2015 24 City State Zip Code Transaction ID: 38304937 CT Fairfield 06825-1758 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Associated Neurologists of So. Ct. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David W. Brandes Date of Receipt Mailing Address 106 Autumn Woods Drive 06 25 2015 City State Zip Code Transaction ID: 38305456 TN Sweetwater 37874-6482 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory J. Esper Date of Receipt Mailing Address 2477 Oak Grove Estates 06 25 2015 City Zip Code State Transaction ID: 38305457 GA Atlanta 30345-3899 Amount of Each Receipt this Period FEC ID number of contributing 42.00 С federal political committee. Name of Employer Occupation **Emory** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) 177.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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	BrainPAC	
Northwest Neurological Receipt For: Primary General Other (specify) ▼	State Zip Code WA 99203-3348 C Decupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 25 2015 Transaction ID: 38305458 Amount of Each Receipt this Period 50.00
Inland Neurologic Consultants	State Zip Code CA 92833-2221 C Occupation Ieurologist Aggregate Year-to-Date ▼ 510.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Barrow Neurological Institute	State Zip Code AZ 85013-4407 C Decupation Neurologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 25 2015 Transaction ID : 38305462 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)		260.00

FOR LINE NUMBER: PAGE 20 OF 29 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 2015 25 City Zip Code State Transaction ID: 38305463 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Carolyn L. Taylor Date of Receipt Mailing Address 4732 Lost Creek Lane 06 25 2015 City State Zip Code Transaction ID: 38305464 WA Bellingham 98229-2574 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Northwest Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Alireza Minagar Date of Receipt Mailing Address 8040 Captain Dillon Ct 06 26 2015 City State Zip Code Transaction ID: 38306466 LA Shreveport 71115-4606 Amount of Each Receipt this Period FEC ID number of contributing 42.00 С federal political committee. Name of Employer Occupation Physician LA State University Health Sciences Ct Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) 342.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Thomas Swanson Date of Receipt Mailing Address 5748 Prospect Dr 2015 26 City Zip Code State Transaction ID: 38306467 MT Missoula 59808-8608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark S. Corazza Date of Receipt Mailing Address 2431 Castillo St 06 29 2015 City State Zip Code Transaction ID: 38313738 Santa Barbara CA 93105-4301 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Angelo M. Alves Date of Receipt Mailing Address 5880 49th St N Ste N108 06 29 2015 City Zip Code State Transaction ID: 38313739 FL Saint Petersburg 33709-9100 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Saint Petersburg Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) 1400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Angelo M. Alves Date of Receipt Mailing Address 5880 49th St N Ste N108 2015 City Zip Code State Transaction ID: 38313741 FL Saint Petersburg 33709-9100 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Saint Petersburg Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 06 30 2015 City State Zip Code Transaction ID: 38313747 IL Chicago 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 223.00 federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1170.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Allison Brashear Date of Receipt Mailing Address 208 Hadley Ct 06 03 2015 Zip Code State Transaction ID: 38372453 NC Winston Salem 27106-4489 Amount of Each Receipt this Period FEC ID number of contributing 75.00 С federal political committee. Name of Employer Occupation Wake Forest Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 798.00 SUBTOTAL of Receipts This Page (optional)..... 9641.51 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	TOMBETT.	23 OF 29
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 28a 28b 28c	25 26 29 30l
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Academy of Neurology E	BrainPAC			
Full Name (Last, First, Middle Initial)				
A. Nancy Pelosi For Congress				YYY
Mailing Address 700 13th Street, Nw Suite 600			06 01 20	015
,	State Zip Code DC 20005		Transaction ID: 38230814	
Washington Purpose of Disbursement	DC 20005			
Campaign Contribution		011	Amount of Each Disbursement	this Period
Candidate Name		Category/		2500.00
Rep. Nancy Pelosi Office Sought: House Disburse	ment For: 0040	Туре		2000.00
Senate President	ment For: 2016 Primary General Other (specify) ▼		Campaign Contribution	
State: CA District: 12				
Full Name (Last, First, Middle Initial)			D (D) .	
B. Fattah For Congress			Date of Disbursement	Y
Mailing Address P.O. Box 30743				015
City Philadelphia Purpose of Disbursement	State Zip Code PA 19104		Transaction ID: 38230815	
Campaign Contribution		011	Amount of Each Disbursement	this Period
Candidate Name	1	Category/		1000.00
Rep. Chaka Fattah		Туре		1000.00
	ment For: 2016 Primary General Other (specify)		Campaign Contribution	
Full Name (Last, First, Middle Initial) C. Simpson For Congress			Date of Disbursement	
Mailing Address 1487 Parkway Drive				015
City Blackfoot	State Zip Code ID 83221		Transaction ID : 38230816	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement	this Period
Candidate Name		Category/	Amount of Each Disburschich	1000.00
Rep. Mike K. Simpson		Туре		1000.00
Office Sought: House Senate President State: ID Disburse	ment For: 2016 Primary General Other (specify) ▼		Campaign Contribution	
Distriction UZ				
SUBTOTAL of Disbursements This Page (optional)		······		4500.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE NUMBER: PAG		
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or for commercial purposes, other than using the name	ne and address of any pol	litical committee to	Solicit contributions fro	om such committee.	
NAME OF COMMITTEE (In Full)	urain DAC				
American Academy of Neurology B	BrainPAC				
Full Name (Last, First, Middle Initial)					
Adrian Smith For Congress			Date of Disburseme		
Mailing Address 3321 Avenue I			06 10	2015	
Suite 6					
,	State Zip Code NE 69361		Transaction ID: 3	8264974	
Scottsbluff Purpose of Disbursement	NE 69361	T			
Campaign Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		1000.00	
Rep. Adrian Smith		Type		1000.00	
	nent For: 2016 Primary General		0		
	Other (specify)		Campaign Contributi	on	
State: NE District: 03	Canon (opening) ▼				
Full Name (Last, First, Middle Initial)					
- David Scott For Congress			Date of Disburseme	ent	
-			M M / D D	/	
Mailing Address P.O. Box 960821			06 10	2015	
,	State Zip Code		Transaction ID: 3	88264975	
Riverdale Purpose of Disbursement	GA 30296				
Campaign Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/			
Rep. David Albert Scott		Type		1000.00	
	nent For: 2016				
	Other (appoint) — General		Campaign Contributi	ion	
State: GA District: 13	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
Johnson For Congress			Date of Disburseme	ent	
			M M / D D	/ Y # Y # Y # Y	
Mailing Address PO Box 906			06 10	2015	
City	State Zip Code				
Marietta	OH 45750		Transaction ID: 3	88264976	
Purpose of Disbursement Campaign Contribution					
Candidate Name		011	Amount of Each Dis	sbursement this Period	
Rep. Bill Johnson		Category/ Type		1000.00	
•	nent For: 2016	1,750			
	Primary General		Campaign Contributi	on	
President	Other (specify) ▼		. 5		
State: OH District: 06					
CUPTOTAL of Disharasanta This Day ()				3000.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 25 OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26
	zotanou oummury r ugo	27	28a 28b 28c 29 30b
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or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	. 540		
American Academy of Neurology B	rainPAC		
Full Name (Last, First, Middle Initial)			
A. Blumenthal For Connecticut			Date of Disbursement
Mailing Address 777 Summer Street Ste 103 C/O Cacace Tusch & Santagata			06 10 2015
City	State Zip Code		Transaction ID - 2000 4077
Stamford	CT 06901		Transaction ID: 38264977
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Richard Blumenthal		Type	2500.00
Senate	nent For: 2016 Primary		Campaign Contribution
State: CT District:			
Full Name (Last, First, Middle Initial)			
B. Walorski For Congress Inc			Date of Disbursement
Mailing Address DO D 254			M M / D D / Y Y Y Y Y
Mailing Address PO Box 954			06 10 2015
City S Mishawaka	State Zip Code IN 46546		Transaction ID: 38264988
Purpose of Disbursement	40340		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Jackie Walorski		Type	1000.00
Senate	nent For: 2016 Primary General Other (specify)		Campaign Contribution
Full Name (Last, First, Middle Initial)			
C. Portman For Senate Committee			Date of Disbursement
Mailing Address 9856 Archer Lane			06 16 2015
City	State Zip Code		
	OH 43017		Transaction ID: 38277863
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbursement this Period
Sen. Rob Portman		Category/ Type	1000.00
Office Sought: House Disbursen	nent For: 2016		
President	Primary General Other (specify) ▼		Campaign Contribution
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SUBTOTAL of Disbursements This Page (optional)			4500.00
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Any information copied from such Reports and Statem	ents may not be sold or use	d by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Academy of Neurology B	rainPAC		
Full Name (Last, First, Middle Initial)			
A. Friends For Jim Mcdermott			Date of Disbursement
Mailing Address PO Box 21786			06 16 2015
City	tate Zip Code		
Seattle	WA 98111		Transaction ID: 38277872
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Catagony	
Rep. Jim McDermott		Category/ Type	1000.00
	nent For: 2016 Primary General		Campaign Contribution
President State: WA District: 07	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Scott Peters For Congress			Date of Disbursement
Mailing Address PO Box 70980			06 16 2015
City	itate Zip Code		
	DC 20024		Transaction ID: 38277875
Purpose of Disbursement			
Campaign Contribution Candidate Name		011	Amount of Each Disbursement this Period
Rep. Scott Peters		Category/	2000.00
•	ent For: 2016	Туре	
Senate	Primary General Other (specify) ▼		Campaign Contribution
State: CA District: 52	Other (specify)		
Full Name (Last, First, Middle Initial)			D (D)
^{C.} Gregg Harper For Congress			Date of Disbursement
Mailing Address Post Office Box 54344			06 16 2015
City	tate Zip Code		T ID
	MS 39288		Transaction ID: 38277876
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Gregg Harper		Type	1000.00
	nent For: 2016		
	Primary General Other (specify) The state of the stat		Campaign Contribution
State: MS District: 03	Canon (opcomy) ▼		
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 29	-
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25 26	
		27	28a 28b 28c 29 30b	_
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NAME OF COMMITTEE (In Full)	no and dadrood or any point	ioai committee to	Const. Continuations from Cash Committees.	-
American Academy of Neurology	BrainPAC			
/ //mencan //cademy of Neurology	Sidilii 710			
Full Name (Last, First, Middle Initial)				
A. Tony Cardenas For Congress			Date of Disbursement	
Mailing Address 3700 Wilshire Blvd Suite 1050-B			06 16 2015	
Walling Address 3700 Wilstille Divu Suite 1050-B			00 10 2013	
City	State Zip Code		Transaction ID : 38277881	
Los Angeles	CA 90010		11ansaction 1D : 30277001	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Bioduscinicity and Ferrod	
Rep. Tony Cardenas		Category/ Type	1000.00	
1	ment For: 2016	71	· · ·	
Senate	Primary General		Campaign Contribution	
President	Other (specify) ▼			
State: CA District: 29				-
Full Name (Last, First, Middle Initial) B. Van Hollen For Senate			Date of Disbursement	
- Vali i lollett i Oi Seriate			M M / D D / Y Y Y Y	
Mailing Address 10605 Concord St Suite 202			06 16 2015	
City Kensington	State Zip Code MD 20895		Transaction ID: 38277903	
Purpose of Disbursement	20000			
Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2500.00	
Chris Van Hollen		Type	2300.00	
	ment For: 2016 Primary General			
President	Other (specify)		Campaign Contribution	
State: MD District:	(1 3/ 4			
Full Name (Last, First, Middle Initial)				
C. Andy Barr For Congress, Inc.			Date of Disbursement	
Mailing Address DO Day 2000			06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 2059			00 22 2013	
City	State Zip Code		Transaction ID: 38303526	-
Lexington	KY 40588		Transaction ib . 36303320	
Purpose of Disbursement Void - Andy Barr For Congress, Inc.				
		011		
Candidate Name		011	Amount of Each Disbursement this Period	
Candidate Name Rep. Andy Barr		011 Category/ Type	Amount of Each Disbursement this Period -1000.00	
Rep. Andy Barr	ment For: 2016	Category/		
Rep. Andy Barr Office Sought: House Senate Disburse	Primary General	Category/		
Rep. Andy Barr Office Sought: House Disburse Senate President		Category/	-1000.00	
Rep. Andy Barr Office Sought: House Senate Disburse	Primary General	Category/	-1000.00	_
Rep. Andy Barr Office Sought: Senate President State: KY District: 06	Primary General Other (specify) ▼	Category/ Type	-1000.00	_
Rep. Andy Barr Office Sought: House Disburse Senate President	Primary General Other (specify) ▼	Category/ Type	-1000.00 Void - Andy Barr For Congress, Inc.	

SCHEDULE B (FEC Form (•	Use sen	arate schedule(s)				NUMBER	l:		PA	GE 28	OF	29
TEMIZED DISBURSEMENTS	5	for each	category of the	(cnec	k only 21b	one)	X	23	24	25		7 26
		Detailed	Summary Page			27	28a		28b	28c	29	, -	30b
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NAME OF COMMITTEE (In Full)													
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A. Levin For Congress							Date o		Durser				
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B. Renee Ellmers For Congre	ss Com	mittee					Date o	of Disi	ourser				
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C. Perlmutter For Congress							Date o	_	burser		- Y - Y	/ I Y	
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