

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 401 C St NE  
 Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00435933 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y 06 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y Y 06 / 30 / 2015

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y 07 / 16 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="114069.08"/>	<input type="text" value="114069.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="137883.46"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11441.51"/>	<input type="text" value="185064.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="149324.97"/>	<input type="text" value="299133.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28500.00"/>	<input type="text" value="178308.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="120824.97"/>	<input type="text" value="120824.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9641.51	132678.03
(ii) Unitemized .....	1800.00	52386.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11441.51	185064.22
(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) .....	11441.51	185064.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11441.51	185064.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11441.51	185064.22

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	178000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28500.00	178308.33
32. 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
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11441.51	184755.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. David L. Camenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Glenwood Ave  
 City Augusta State ME Zip Code 04330-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : 38230695**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr. Brett M. Kissela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9878 Zig Zag Road  
 City Cincinnati State OH Zip Code 45242-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : 38230696**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Bay Spring Ave  
 City Barrington State RI Zip Code 02806-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : 38230697**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Glen R. Finney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9235 NW 26th Avenue  
 City Gainesville State FL Zip Code 32606-9180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 401.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : 38230987**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Dawn Eliashiv**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 South Stanley Drive  
 City Beverly Hills State CA Zip Code 90211-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCLA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : 38230988**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Nicholas Elwood Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Utah Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : 38230989**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Awais Riaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454-A Kelmscott Lane  
 City State Zip Code  
 Salt Lake City UT 84124-2580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ. of Utah Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : 38234428**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Allison L. Weathers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3444 Lake St  
 City State Zip Code  
 Evanston IL 60203-1935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RUMC RUMC Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : 38234430**  
 Amount of Each Receipt this Period  
 41.67

**C. Dr. Sarah M. Benish**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5949 Bradbury Court  
 City State Zip Code  
 Inver Grove Heights MN 55076-1597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fairview Health Services Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : 38234431**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Erik Perkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11660 Cypress Canyon Road  
 City San Diego State CA Zip Code 92131-3756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : 38253960**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Steven J. Holtz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6970 Broadway Terrace  
 City Oakland State CA Zip Code 94611-1950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Muir Physical Ntwk Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : 38253961**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Allison Brashear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 Hadley Ct  
 City Winston Salem State NC Zip Code 27106-4489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : 38255539**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Bruce H. Cohen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3141 Neille Lane  
City State Zip Code  
Twinsburg OH 44087-3808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Children's Hospital and Med. Center of Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015  
**Transaction ID : 38265050**  
Amount of Each Receipt this Period  
185.00

**B. Dr. Terrence L. Cascino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2931 Stone Park Dr NE  
City State Zip Code  
Rochester MN 55906-7722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mayo Clinic Neurologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015  
**Transaction ID : 38265137**  
Amount of Each Receipt this Period  
84.00

**C. Dr. Robert Scott Duff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5931 S Northernridge Rd  
City State Zip Code  
Springfield MO 65810-1973  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mercy Clinic Neurologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015  
**Transaction ID : 38267691**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	369.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Rd  
 City State Zip Code  
 Fort Wayne IN 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allied Physicians, Inc. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2015  
**Transaction ID : 38271961**  
 Amount of Each Receipt this Period  
 262.50

**B. Dr. Michael R. Yochelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3919 Commander Drive  
 City State Zip Code  
 Hyattsville MD 20782-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MedStar National Rehabilitation Hospit Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 38271972**  
 Amount of Each Receipt this Period  
 83.34

**C. Mr. David A. Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3356 Miro Place  
 City State Zip Code  
 Dallas TX 75204-7526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Neurology COO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 38271973**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. William S. Gilmer</b>		Date of Receipt 06 / 15 / 2015 <b>Transaction ID : 38271974</b>
Mailing Address 2323 Dunstan Rd		Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77005-2613
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ralph F. Jozefowicz</b>		Date of Receipt 06 / 15 / 2015 <b>Transaction ID : 38271975</b>
Mailing Address 78 Lac Kine Drive		Amount of Each Receipt this Period 250.00
City Rochester	State NY	Zip Code 14618-5608
FEC ID number of contributing federal political committee. C		
Name of Employer University of Rochester	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Constantine Moschonas</b>		Date of Receipt 06 / 15 / 2015 <b>Transaction ID : 38271977</b>
Mailing Address 8113 E Del Cuarzo Dr		Amount of Each Receipt this Period 750.00
City Scottsdale	State AZ	Zip Code 85258-2254
FEC ID number of contributing federal political committee. C		
Name of Employer Four Peaks Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1085.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stanley J. Whitney</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2015 <b>Transaction ID : 38277825</b>
Mailing Address 1108 Ronds Pointe Dr. West			Amount of Each Receipt this Period 90.00
City Tallahassee	State FL	Zip Code 32312-6788	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 460.00
Name of Employer Tallahassee Neurology Associates		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Nancy L. Mueller</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2015 <b>Transaction ID : 38277826</b>
Mailing Address 34 Stonybrook Road			Amount of Each Receipt this Period 416.00
City Tenafly	State NJ	Zip Code 07670-1118	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2496.00
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Lyell K. Jones</b>			Date of Receipt MM / DD / YYYY 06 / 18 / 2015 <b>Transaction ID : 38292368</b>
Mailing Address 2055 Scenic View Lane SW			Amount of Each Receipt this Period 23.00
City Rochester	State MN	Zip Code 55902-2575	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 369.00
Name of Employer Mayo MN		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	529.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Mill Etienne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Coe Farm Road  
 City Montebello State NY Zip Code 10901-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours Charity Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 38292369**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Edgar J. Kenton III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Academy Ave  
 City Danville State PA Zip Code 17822-9800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Health system Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 38292370**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Jaffar Khan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 Riverford Way  
 City Lawrenceville State GA Zip Code 30043-6416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 38292371**  
 Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1184.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Colleen Vanderkolk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 704 Thurrock Circle  
 City State Zip Code  
 Brentwood TN 37027-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Thomas Medical Partners Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 38292372**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr. Keith Coffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4119 W. 94th Terrace  
 City State Zip Code  
 Prairie Village KS 66207-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Children's Mercy Hospital Self  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 38292373**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Daniel C. Potts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Covey Chase  
 City State Zip Code  
 Tuscaloosa AL 35406-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VA Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : 38295563**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

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

Mailing Address 7575 W Washington Ave, #127-160

City	State	Zip Code
Las Vegas	NV	89128-4333

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

Name of Employer	Occupation
Las Vegas Clinic	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : 38303232**

Amount of Each Receipt this Period  

100.00
--------

**B. Dr. Yoon-Hee Cha**  
Full Name (Last, First, Middle Initial)

Mailing Address 4313 South Retana Avenue

City	State	Zip Code
Broken Arrow	OK	74011-1398

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

Name of Employer	Occupation
St. Francis Hospital	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : 38303233**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 1800 Howell Mill Road NW, Suite 62

City	State	Zip Code
Atlanta	GA	30318-2538

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

Name of Employer	Occupation
Piedmont Healthcare	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : 38304067**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

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

**A. Dr. Sarah Song**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 W. Concord Place, #405  
 City Chicago State IL Zip Code 60647-5481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : 38304068**  
 Amount of Each Receipt this Period  
 84.00

**B. Dr. Lily Jung Henson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4785 Kitty Hawk Drive  
 City Atlanta State GA Zip Code 30342-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Healthcare Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : 38304069**  
 Amount of Each Receipt this Period  
 416.00

**C. Dr. Joseph S. Kass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4903 Valerie  
 City Bellaire State TX Zip Code 77401-5707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baylor College of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 38304936**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Dario M. Zagar**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Fairmount Terrace

City State Zip Code  
Fairfield CT 06825-1758

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

Name of Employer Occupation  
Associated Neurologists of So. Ct. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**06 / 24 / 2015**

**Transaction ID : 38304937**

Amount of Each Receipt this Period  
**50.00**

**B. Dr. David W. Brandes**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Autumn Woods Drive

City State Zip Code  
Sweetwater TN 37874-6482

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
**06 / 25 / 2015**

**Transaction ID : 38305456**

Amount of Each Receipt this Period  
**85.00**

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

Mailing Address 2477 Oak Grove Estates

City State Zip Code  
Atlanta GA 30345-3899

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

Name of Employer Occupation  
Emory Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
**06 / 25 / 2015**

**Transaction ID : 38305457**

Amount of Each Receipt this Period  
**42.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **177.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. David R. Greeley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurological Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 25 / 2015  
**Transaction ID : 38305458**  
 Amount of Each Receipt this Period 50.00

**B. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 25 / 2015  
**Transaction ID : 38305459**  
 Amount of Each Receipt this Period 85.00

**C. Dr. Jeremy M. Shefner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 240 West Thomas Road  
 City Phoenix State AZ Zip Code 85013-4407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barrow Neurological Institute Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2015  
**Transaction ID : 38305462**  
 Amount of Each Receipt this Period 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City State Zip Code  
 Union ME 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Penobscot Bay Medical Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 38305463**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Carolyn L. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4732 Lost Creek Lane  
 City State Zip Code  
 Bellingham WA 98229-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Neurology Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 38305464**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Alireza Minagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8040 Captain Dillon Ct  
 City State Zip Code  
 Shreveport LA 71115-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LA State University Health Sciences Ct Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : 38306466**  
 Amount of Each Receipt this Period  
 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 342.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Thomas Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5748 Prospect Dr  
 City Missoula State MT Zip Code 59808-8608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : 38306467**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Mark S. Corazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2431 Castillo St  
 City Santa Barbara State CA Zip Code 93105-4301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : 38313738**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Dr. Angelo M. Alves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 49th St N Ste N108  
 City Saint Petersburg State FL Zip Code 33709-9100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Petersburg Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : 38313739**  
 Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Angelo M. Alves**  
Full Name (Last, First, Middle Initial)

Mailing Address 5880 49th St N Ste N108

City State Zip Code  
Saint Petersburg FL 33709-9100

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

Name of Employer Occupation  
Saint Petersburg Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 29 / 2015  
**Transaction ID : 38313741**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1725 W Harrison St Ste 1106

City State Zip Code  
Chicago IL 60612-3845

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1170.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : 38313747**

Amount of Each Receipt this Period  
223.00

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

Mailing Address 208 Hadley Ct

City State Zip Code  
Winston Salem NC 27106-4489

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

Name of Employer Occupation  
Wake Forest Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
06 / 03 / 2015  
**Transaction ID : 38372453**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	798.00
<b>TOTAL</b> This Period (last page this line number only).....	9641.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : 38230814**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Fattah For Congress**

Mailing Address P.O. Box 30743

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Chaka Fattah**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : 38230815**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Mike K. Simpson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : 38230816**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Adrian Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 38264974**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. David Scott For Congress**

Mailing Address P.O. Box 960821

City State Zip Code  
Riverdale GA 30296

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. David Albert Scott**

Office Sought:  House  
 Senate  
 President  
State: GA District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 38264975**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Johnson For Congress**

Mailing Address PO Box 906

City State Zip Code  
Marietta OH 45750

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Bill Johnson**

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 38264976**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Blumenthal For Connecticut**

Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City State Zip Code  
Stamford CT 06901

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Richard Blumenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : 38264977

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Walorski For Congress Inc**

Mailing Address PO Box 954

City State Zip Code  
Mishawaka IN 46546

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Jackie Walorski**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : 38264988

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : 38277863

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Friends For Jim McDermott**

Mailing Address PO Box 21786

City State Zip Code  
Seattle WA 98111

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Jim McDermott**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 38277872**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Peters For Congress**

Mailing Address PO Box 70980

City State Zip Code  
Washington DC 20024

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 38277875**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City State Zip Code  
Pearl MS 39288

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Gregg Harper**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 38277876**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Tony Cardenas For Congress**

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Tony Cardenas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 38277881**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Senate**

Mailing Address 10605 Concord St Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 38277903**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
Void - Andy Barr For Congress, Inc.

011

Candidate Name

**Rep. Andy Barr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : 38303526**

Amount of Each Disbursement this Period

-1000.00

Void - Andy Barr For Congress, Inc.

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Sandy M. Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

**Transaction ID : 38308175**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

**Transaction ID : 38308176**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

**Transaction ID : 38308185**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Andy Barr**

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : 38313740**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

28500.00