FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office L	Jse Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, over the lines.	type	12FE4M5	
American Academy of Ne	eurology BrainPAC				
ADDRESS (number and street)	01 C St NE				
Check if different than previously reported. (ACC)	Mashington			DC 2000	2 2
2. FEC IDENTIFICATION NUME	BER ▼ CITY▲		ST	ATE 🔺	ZIP CODE
C C00435933	3. IS TH REPO		W 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: Mar 20 (I Apr 20 (I (c) 12-Day PRE-Election Report for the: Election on (d) 30-Day POST-Election Report for the:	/13) Jun 14) Jul Primary (12P) Convention (120		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	in the State of Special (30S) in the
5. Covering Period 04	Election on	through	M M / 04		State of 018
Type or Print Name of Treasurer	Engel, Timothy J., , Mr.,	[Electronically Fi	iled] Date	e 05 / 14	4 / Y Y Y Y 2018
Office Use Only					C FORM 3X Rev. 05/2016

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x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M D D М D М N D 04 01 2018 04 30 2018 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 264505.25 Januarv 1. 2018 (b) Cash on Hand at 202654.45 Beginning of Reporting Period..... 100554.08 210913.28 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 475418.53 303208.53 6(a) and 6(c) for Column B)..... 11050.00 183260.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 292158.53 292158.53 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts . Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individuals/Persons Other Than Political Committees	79144.90	
Than Political Committees	79144.90	
	79144.90	
		150691.10
(ii) Unitemized	20409.18	55722.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	99554.08	206413.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	99554.08	206413.28
. Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other		
Political Committees	1000.00	4500.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	100554.08	210913.28
). Total Federal Receipts (subtract Line 18(c) from Line 19)	100554.08	210913.28

210913.28

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 183000.00 and Other Political Committees... 11000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 260.00 50.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 50.00 260.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 11050.00 183260.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 11050.00 183260.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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F				-		-7	
						-7-	
		-	-	-	-		

Page 5

COLUMN B Calendar Year-to-Date

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
angle American Academy of Neu	urology BrainP	AC						
Full Name of Individual (Last, First, Mi A. Freimer, Miriam, L., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 639 Crossing Creek S			04 / D D / Y Y Y Y Y 04 30 2018					
City Gahanna	State OH	Zip Code 43230-6114	Transaction ID : 3913980 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) The Ohio State University		upation (for Individual) rologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name of Individual (Last, First, Mi B. Weathers, Allison, L., Dr.,	Date of Receipt							
Mailing Address 8220 Woodberry Blvd	State	Zip Code	04 / D D / Y Y Y Y 2018					
Chagrin Falls	OH	44023-4526	Transaction ID : 42077955 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		84.00					
Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) ırologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1					
Full Name of Individual (Last, First, Mi c. Tabby, David, S., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 217 Spinghouse Lane			04 03 2018					
City Merion Station	State PA	Zip Code 19066-1114	Transaction ID : 42077957 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		200.00					
Name of Employer (for Individual) Optimum Neurology		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00]					
SUBTOTAL of Receipts This Page (optic	onal)	······	534.00					
TOTAL This Period (last page this line r	number only)		•					

PAGE 6 OF

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 7 OF

62

•••			Detailed Summary Page	X	11a		11b	11c		12	
					13		14	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	American Academy of Neurolog	y BrainP	AC								
Α.	Full Name of Individual (Last, First, Middle Ini Yochelson, Michael, R., Dr.,	tial) or Full C	organization Name		Date of	f Re	eceipt				
	Mailing Address 2813 W Roxboro Rd NE				04	/	03) / Y	Y 2(о́18	Y
	City	State	Zip Code		Trans	sact	ion ID :	4207795	8		
	Atlanta	GA	30324-2916		Amoun	t of	Each R	leceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					-		_	84.0	00
	Name of Employer (for Individual) Shepherd Center		upation (for Individual) sician		М	emo	tem				
	Receipt For:		Year-to-Date ▼								
	Primary General	Aggregate		- L -							
	Other (specify) ▼	L	336.00	4							
в.	Full Name of Individual (Last, First, Middle Ini Marburger, Tessa, , Dr.,	tial) or Full C	organization Name		Date of	f Re	eceipt				
	Mailing Address 1500 14th St W Suite 300				м м 04	/	04	/ Y)18	Y
	City	State	Zip Code		Trane	acti	ion ID :	4208576	1	-	
	Williston	ND	58801-4079					leceipt th		'eriod	
	FEC ID number of contributing federal political committee.	С								500.0	00
	Name of Employer (for Individual) Mercy Medical Center		upation (for Individual) Irologist		Μ	emo	ttem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	riggrogato		11.							
	Other (specify) V 500.00										
с.	Full Name of Individual (Last, First, Middle Ini Etienne, Mill, , Dr.,	tial) or Full C	organization Name		Date of	f Re	eceipt				
	Mailing Address 19 Coe Farm Road				^M 04	/	08) / Y)18)	Y
	City	State	Zip Code		Trans	sact	ion ID :	4209375	6		
	Montebello	NY	10901-2908		Amoun	t of	Each R	leceipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					,	, ,	_	84.0	00
	Name of Employer (for Individual)		upation (for Individual) sician		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General			11							
	Other (specify)		336.00								
s	UBTOTAL of Receipts This Page (optional)			•						668.0	0
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TOTAL This Period (last page this line number only)......

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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for each category of the Detailed Summary Page	X 11a 11b

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using				or the	purpose	of solicitir	ng contribu	utions
NAME OF COMMITTEE (In Full) American Academy of Neuro								
Full Name of Individual (Last, First, Middle A. Perkins, Erik, , Dr., Mailing Address 11660 Cypress Canyon R City San Diego FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group Receipt For: Primary General Other (specify) ▼	State CA CC Occu Physics	Zip Code 92131-3756 upation (for Individual) sician Year-to-Date ▼ 836.00		04 Trans	C action ID	08 0 : 420937 Receipt 1	2018 57 this Perioc 209	
Full Name of Individual (Last, First, Middle B. Holtz, Steven, J., Dr., Mailing Address 2009 Tampa Avenue	State	Zip Code		04 Trans	C action ID)9) 2 : 421006		
Oakland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Receipt For: Primary General	Neu	94611-2620 upation (for Individual) rologist Year-to-Date ▼			emo Item		this Perioc	_
Other (specify) ▼ Full Name of Individual (Last, First, Middle C. Cavalier, Steven, J., Dr., Mailing Address 3726 Ridgetop Dr City Baton Rouge	e Initial) or Full O State LA	Zip Code 70809-2637		04 Trans	1 saction ID	11 D : 421375		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) GE Receipt For: Primary General Other (specify)	C Occu Neur	upation (for Individual) rologist Year-to-Date ▼ 250.00			emo Item	. ,	this Perioc	.00
SUBTOTAL of Receipts This Page (optional	l)						434	.00

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

PAGE 8 OF

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 9 OF

ITEMIZED RECEIPTS	INIZED RECEIPTS for each category of the Detailed Summary Page		X 11a 11b 11c 12				
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC					
Full Name of Individual (Last, First, Middle Tanner, Caroline, M., Dr., Mailing Address 3011 Acton St City Berkeley	Initial) or Full C	Zip Code 94702-2706	Date of Receipt 04 12 2018 Transaction ID : 42139478 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) PADRECC, San Francisco VAMC	FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle Jones, Lyell, K., Dr., Mailing Address 2055 Scenic View Lane SW		organization Name	Date of Receipt				
City Rochester FEC ID number of contributing federal political committee.	State MN	Zip Code 55902-2575	Transaction ID : 42139479 Amount of Each Receipt this Period 84.00				
Name of Employer (for Individual) Mayo Clinic Receipt For:	Neu	upation (for Individual) urologist Year-to-Date ▼	Memo Item				
Full Name of Individual (Last, First, Middle C. Finney, Glen, R., Dr.,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 828 Homestead Dr			04 / D D / Y Y Y Y 2018				
City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Geisinger Specialty Clinic Receipt For: Primary General Other (specify)	Beh	Zip Code 18612-7227 upation (for Individual) avioral Neurology Year-to-Date ▼ 833.36	Transaction ID : 42139801 Amount of Each Receipt this Period 208.34 Memo Item				
SUBTOTAL of Receipts This Page (optional).			392.34				
TOTAL This Period (last page this line numb							

SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
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Detailed Summary Lage						

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12 16	_ [17
	rmation copied from such Reports and Sta ommercial purposes, other than using the r							soliciting			
\ \	e of COMMITTEE (In Full) erican Academy of Neurology	BrainP	AC								
A. Gre	Name of Individual (Last, First, Middle Initia eley, David, R., Dr.,	al) or Full O	rganization Name	Da	ite of	f Re	eceipt				
	ng Address 1125 E 27th Avenue	State		- L	04		D D D 13	JЦ	2018		
City Spok	ane	Zip Code 99203-3348				ion ID : Each R		02 nis Peric	bd		
	ID number of contributing al political committee.	С			_				8	4.00	
North	Name of Employer (for Individual) Occupation (for Individual) Northwest Neurological, PLLC Physician Receipt For: Aggregate Year to Date Verter State					emo	tem				
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00								
B. Joh	Name of Individual (Last, First, Middle Initianson, Nicholas, Elwood, Dr.,	al) or Full Oi	rganization Name			f Re	eceipt				
City	ng Address 2207 E Camino Way	State	Zip Code	- L	04	/	13	I L	2018	Y	
	_ake City	UT	84121-4908				i on ID : Each R		nis Peric	bd	
	ID number of contributing al political committee.	С			_		т. т. ар. т.	і. 1 уг.	10'	0.00	
	e of Employer (for Individual) rsity of Utah		upation (for Individual) rologist		M	emo	tem				
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
	l Name of Individual (Last, First, Middle Initia Aith, Marsha, , Dr.,	al) or Full O	rganization Name	Da	ite of	f Re	eceipt				
Mailir	ng Address 94 Shenandoah Court			IV	04	/	D D 16	/ Y	2018	Y	
City Ports	smouth	State OH	Zip Code 45662-8660				ion ID : Each R		11 his Peric	bd	
	ID number of contributing al political committee.	С			-		, .	, ,	10	0.00	
South	e of Employer (for Individual) nern Ohio Medical Center		ipation (for Individual) ologist		М	emo	b Item				
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00								
SUBTO	TAL of Receipts This Page (optional)		•		-		,	.,	28	4.00	
TOTAL	This Period (last page this line number or	nly)	••••••		_		-			-	

PAGE 10 OF

SCHEDULE A (FEC Form 3X) MIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports an or for commercial purposes, other than using	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC					
Full Name of Individual (Last, First, Middle Barkley, Gregory, L., Dr., Mailing Address 2890 Burlington St	Initial) or Full C	rganization Name	Date of Receipt				
City	State	Zip Code	04 16 2018 Transaction ID : 42140613				
Ann Arbor	Arbor MI 48105-1435						
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Henry Ford Hospital							
Receipt For:		Year-to-Date ▼	-				
Primary General Other (specify) ▼		400.00]				
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name					
B. Cascino, Terrence, L., Dr.,			Date of Receipt				
Mailing Address 2931 Stone Park Dr NE	Chata	Zin Onda	04 / D D / Y Y Y Y 04 17 2018				
City Rochester	State MN	Zip Code 55906-7722	Transaction ID : 42142221				
		55900-7722	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		84.00				
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) urologist	Memo Item				
Receipt For:	Aggregate	Year-to-Date V					
Primary General		1					
Other (specify) ▼		, 336.00					
Full Name of Individual (Last, First, Middle Kilgore, Shannon, M., Dr.,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 11 Doud Dr			04 / D D / Y Y Y Y 04 17 2018				
City	State	Zip Code	Transaction ID : 42142223				
Los Altos	CA	94022-2323	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		84.00				
Name of Employer (for Individual) VA Palo Alto HCS		upation (for Individual) sician	Memo Item				
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify)		336.00]				
SUBTOTAL of Receipts This Page (optional)			268.00				

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

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

			Use separate schedule(s)	(ch	(check only one)								
	13		for each category of the Detailed Summary Page		11a 13		11b 14		11c	12	Г	1 17	
			not be sold or used by any press of any political committee		for the		oose c	of sol					
NAME OF COMMITTEE (
American Acaden	ny of Neurology Brai	inPA	3										
Full Name of Individual (L A. Loftus, Brian, D., Dr.,	ast, First, Middle Initial) or F	ull Orga	anization Name		Date of	Re	ceipt						
Mailing Address 6700 We	st Loop S Ste 330				04 19 2018								
City Bellaire	State TX	e	Zip Code 77401-4138	_	Trans								
	uting.	_		_	Amount	OT	Each	несе	eipt thi	s Perio	ba	_	
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Name of Employer (for In	dividual)	•	ation (for Individual)		Me	emo	Item						
Bellaire Neurology, PA													
Receipt For:	Aggre	gate Ye	ar-to-Date 🔻										
Other (specify)			500.00										
				<u> </u>									
Full Name of Individual (L 3. Stevens, James, C.	ast, First, Middle Initial) or F	ull Orga	anization Name		Data of	Do	opint						
Mailing Address 12112 At					Date of	ne	2 ⁻		/ Y	2018	Y	1	
City	State	е	Zip Code	_	Trans	acti	-		50730		-	1.1	
Fort Wayne	IN		46814-9528		Amount		-				bd		
	FEC ID number of contributing federal political committee.						,		-	20	9.00		
Name of Employer (for In Allied Physicians, Inc.	dividual)	Occupa Physic	ation (for Individual) ian		Me	emo	Item						
Receipt For:	Agare	aate Ye	ar-to-Date ▼										
Primary Ge Other (specify) ▼	eneral		963.00										
Full Name of Individual (L C. Koenig, Matthew, A	ast, First, Middle Initial) or F A., Dr.,	ull Orga	anization Name		Date of	Re	ceipt						
Mailing Address 1416 Kol	ko Head Ave				04	/	۵ 2		/ Y	2018	Y]	
City Honolulu	State	Э	Zip Code 96816-3234		Trans								
			90010-3234		Amount	of	Each	Rece	eipt thi	s Perio	bd		
FEC ID number of contrib federal political committee	ů.				Ľ.	_	, .	_	7	12	5.00		
Name of Employer (for In	dividual)	Occupa	ation (for Individual)		M	emo	Item						
The Queen's Medical Cent	er	Neurol	ogist										
Receipt For:		gate Ye	ar-to-Date 🔻										
Other (specify)	eneral		500.00										
· .	s Page (optional) ge this line number only)			<u> </u>			, . , .	-	y 1	584	4.00	_	

PAGE 12 OF

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

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1 person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ne	urology BrainP	AC	
Full Name of Individual (Last, First, M Song, Sarah, , Dr.,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2045 W. Concord Pla			04 / D D / Y Y Y Y 2018
City Chicago	State IL	Zip Code 60647-5481	Transaction ID : 42150738 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Rush University Medical Center		upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
Full Name of Individual (Last, First, M Aggarwal, Rajiv, K., Dr., Mailing Address 501 E Nicollet Blvd St		rganization Name	Date of Receipt
City	State	Zip Code	04 21 2018
Burnsville	MN	55337-6772	Transaction ID : 42150746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Minneapolis Clinic of Neurology		upation (for Individual) Irologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, M Selwa, James, F., Dr.,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2044 Valleyview Driv			04 / D D / Y Y Y Y 2018
City Ann Arbor	State MI	Zip Code 48105-9588	Transaction ID : 42150747 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Detroit Medical Center		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)		▶ 2084.00
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Academy of Neuro	ology BrainP	AC									
Full Name of Individual (Last, First, Middl Brandt, Derek, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1201 East West Hwy Apt 114			04 / D D / Y Y Y Y 22 / 2018								
City Silver Spring	State MD	Zip Code 20910-6288	Transaction ID : 42150781 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		37.50								
Name of Employer (for Individual) American Academy of Neurology	American Academy of Neurology Congressional Representative										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 237.50									
Full Name of Individual (Last, First, Middl 3. Gross, Hyman, , Dr.,		rganization Name	Date of Receipt								
Mailing Address 2021 Santa Monica Blvd	Ste 320E	Zin Codo	04 21 2018								
City Santa Monica	CA	Zip Code 90404-2150	Transaction ID : 42150794 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	FEC ID number of contributing										
Name of Employer (for Individual) Hyman Gross MD, Inc		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Full Name of Individual (Last, First, Middl Johnson, Kristin, , Dr.,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5894 Tarton Circle S			04 / Y Y Y Y 04 21 2018								
City Dublin	State OH	Zip Code 43017-8928	Transaction ID : 42150795 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) Ohio Health Neurological Physicians		upation (for Individual) rologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Academy of Neur	ology BrainP	AC								
Full Name of Individual (Last, First, Midd M. Williams, Korwyn, , Dr.,	le Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1919 E Thomas Rd Division of Neurology			04 / D D / Y Y Y Y 04 21 2018							
City Phoenix	State AZ	Zip Code 85016-7710	Transaction ID : 42150797 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual) Phoenix Children'S Hospital		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name of Individual (Last, First, Midd B. Sarwal, Aarti, , Dr., Mailing Address 3160 ALLERTON LAKE		organization Name	Date of Receipt							
City	State	Zip Code	04 21 2018							
WINSTON SALEM	NC	27106-4480	Transaction ID : 42150803 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		5000.00							
Name of Employer (for Individual) Medical Center Blvd		upation (for Individual) urologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]							
Full Name of Individual (Last, First, Midd C. Shamim, Ejaz, , Dr.,	le Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 13123 Piney Meetinghou	1		04 / D D / Y Y Y Y 2018							
City Potomac	State MD	Zip Code 20854-6350	Transaction ID : 42150805 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual)		upation (for Individual) rologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]							
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Α.	Full Name of Individual (Last, First, Middle Ini Germin, Leo, R., Dr.,	tial) or Full O	rganization Name	C	Date of	Re	ceipt								
	Mailing Address 1691 W Horizon Ridge Pkwy				04 21 2018										
	City Henderson	State NV	Zip Code 89012-3494	A				4215080 eceipt th	18 nis Perioc	1					
	FEC ID number of contributing federal political committee.	С							1000	.00					
	Name of Employer (for Individual) Clinical Neurology Specialists		ipation (for Individual) rologist		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
3.	Full Name of Individual (Last, First, Middle Ini Smith, A. Gordon, , Dr.,	tial) or Full O	rganization Name	C	Date of	Re	ceipt								
	Mailing Address 5880 Sunny End Way		_ [04 / D D / Y Y Y Y 04 21 2018											
	City Salt Lake City	State Zip Code UT 84121-7912				Transaction ID : 42150810 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C													
	Name of Employer (for Individual) VCU Health System	Occupation (for Individual) Neurologist				emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
	Full Name of Individual (Last, First, Middle Ini Dubinsky, Richard, M., Dr.,	tial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 4307 W 126th Terrace				м м 04	/	D D D 21	/ Y	2018	Ŷ					
	City Leawood	State KS	Zip Code 66209-2288	A				4215081 eceipt th	I 1 nis Perioc	1					
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Name of Employer (for Individual) University of Kansas Medical Center		Occupation (for Individual) Neurologist				emo	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00												
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A. Sergay, S	of Individual (Last, First, Middle Stephen, M., Dr.,	,	rganization Name	Da	ate of	Rece	eipt					
Mailing Add	dress 2919 W Swann Ave Ste 40 Tampa Neurology Associat			N	04	/	D D 21	/ Y	ү ү 2018	Y		
City Tampa		State FL	Zip Code 33609-4083					4215081				
	mber of contributing tical committee.	С							250.0	00		
Tampa Neu	mployer (for Individual) Irology Associates		upation (for Individual) sician		Me	emo l	ltem					
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Mailing Add	dress 181 Waling			N	04	1	D D 21	/ Y	y y 2018	Y		
City		State	Т	Transaction ID : 42150820								
Memphis		TN	An	Amount of Each Receipt this Period								
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Mailing Add	dress 44 Split Rock Rd			The second secon	04	1	D D 21	/ Y	2018	Y		
City Pittsford		State NY	Zip Code 14534-1852					4215082 leceipt thi	is Period			
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University of	mployer (for Individual) of Rochester	Occi Neu		Me	emo I	ltem						
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SCHEDULE A	(FEC Form 3X)
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$\left \right\rangle$	American Academy of Neurolog	y BrainP	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Goodman, J. Clay, , Dr.,	al) or Full O	organization Name			Date of	Recei	pt				
Mailing Address 5925 Almeda Rd Unit 12809						м м 04	/	21		20	18	Ý
	City Houston	State TX	Zip Code 77004-7782						421508 eceipt t		eriod	
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	Name of Employer (for Individual) Baylor College of Medicine		upation (for Individual) sician			Me	emo Ite	em				
	Receipt For: Primary General	Aggregate	Year-to-Date V									
	Other (specify) V		2500.	00								
в.	Full Name of Individual (Last, First, Middle Initi Feliciano-Astacio, Briseida, E., Dr.,	al) or Full O	organization Name			Date of	Recei	pt				
	Mailing Address E12 Calle Paseo Flamboyan Sector El Valle Urb. Los Prado	ados				м м 04	/ [21	/ Y	201		Y
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	Name of Employer (for Individual)	Occupation (for Individual) Neurologist				Me	emo Ite	əm				
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с.	Full Name of Individual (Last, First, Middle Initi Wilson, Andrew, M., Dr.,	al) or Full O	Organization Name			Date of	Recei	pt				
	Mailing Address 1001 Tiverton Ave., #5106					04	/	21	/	201		Y
	City Los Angeles	State CA	Zip Code 90024-3164						421508 eceipt t	-	vriod	
FEC ID number of contributing federal political committee.		C					UI La				250.00	0
	Name of Employer (for Individual)	Occupation (for Individual) Neurologist					emo Ite	əm				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.									
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FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC									
Full Name of Individual (Last, First, Middle Nahas, Stephanie, J., Dr., Mailing Address 327 E Allens Ln	e Initial) or Full C	rganization Name	Date of Receipt								
City Philadelphia	State PA	Zip Code 19119-1102	Transaction ID : 42150832 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Thomas Jefferson University Receipt For: Primary General Other (specify) ▼	Neu	upation (for Individual) irologist Year-to-Date ▼ 500.00	Memo Item								
Full Name of Individual (Last, First, Middle B. Fahn, Stanley, , Dr., Mailing Address 155 Edgars Ln	Initial) or Full C	rganization Name	Date of Receipt								
City Hastings On Hudson	State NY	Zip Code 10706-1107	04 21 2018 Transaction ID : 42150835 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual)		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
Full Name of Individual (Last, First, Middle Armon, Carmel, , Dr., Mailing Address 15 Rimon Street	initial) or Full C	rganization Name	Date of Receipt								
	Otata	Zin Onde	04 21 2018								
City Mazkeret Batya	State	Zip Code 76840	Transaction ID : 42150841 Amount of Each Receipt this Period								
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Name of Employer (for Individual) Assaf Harofeh Medical Center Receipt For:	Neu	upation (for Individual) rologist	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c 15	12	17				
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$\overline{\ }$	NAME OF COMMITTEE (In Full)											
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Α.	Full Name of Individual (Last, First, Middle Initia Anderson, Eric, , Dr.,	al) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 5921 Bayview Circle South			M M 04	/ D D 22	/ Y	у у 2018	Y				
	City Gulfport	State FL	Zip Code 33707-3929		action ID : 4 of Each Re							
	FEC ID number of contributing federal political committee.	С					418.0	0				
	Name of Employer (for Individual) Intensive Neuro		upation (for Individual) rologist	Me	emo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 836.00									
	Full Name of Individual (Last, First, Middle Initia Romero, Charles, , Dr.,	al) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 3800 Drexel Drive			M M 04	/ D D 22	/ Y	2018	Y				
	City	State	Zip Code	Transaction ID : 42150867								
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	Name of Employer (for Individual) UPMC Hamot		upation (for Individual) sician	Me	emo Item							
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	Full Name of Individual (Last, First, Middle Initia Kraker, Jessica, B., Dr.,	al) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 6314 Camp Street			M M 04	/ D D 22	/ Y	2018 Y	Y				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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iress 7135 Lovely Lane NE			04 22 2018											
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FEC Schedule A (Form 3X) Rev. 06/2016

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			e to solicit contributions from such committee.								
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American Academy of Neuro	logy BrainP	AC									
Full Name of Individual (Last, First, Middle Bergethon, Peter, R., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 5 Bretton Rd			04 / D D / Y Y Y Y 22 2018								
City Dover	State MA	Zip Code 02030-2503	Transaction ID : 42150896								
		02030-2303	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Biogen Corporation	Vice	e President, Head of Quantitative									
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify) ▼		250.00]								
Full Name of Individual (Last, First, Middle Brey, Robin, L., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 13618 Bluffcircle			04 22 2018								
City	State	Zip Code	Transaction ID : 42150897								
San Antonio	ТХ	78216-1902	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) Univ of TX HIth Science Ctr/MSC 7883		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
Full Name of Individual (Last, First, Middle, Hake, Ann, M., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4398 Asbury Street			04 22 2018								
City	State	Zip Code	Transaction ID : 42150901								
Indianapolis	IN	46227-8608	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1100.00								
Name of Employer (for Individual) Eli Lilly & Co.		upation (for Individual) rologist	Memo Item								
Receipt For:	I	Year-to-Date ▼	—								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name of Individual (Last, First, Middle Initi Davison, William, C., Dr.,	ial) or Full C	rganization Name	Date of Receipt									
	Mailing Address 922 Seminole Road				04	/	D []) / Y	Ý 20) 18	Y		
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	Name of Employer (for Individual) Northwestern University		upation (for Individual) Irologist		M	emo	ltem						
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в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Benedict, Steven, , Dr., Date of Receipt												
	Mailing Address 3127 Alexandri'S Drive		04 22 2018										
City State			Zip Code		Transaction ID : 42150906								
	Sandusky	ОН	44870					Receipt th	-	eriod			
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	Name of Employer (for Individual) Advanced Neurologic Associates, Inc.		upation (for Individual) urologist		Memo Item								
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	Primary General Other (specify) ▼		1000.00]									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Kwon, Jennifer, M., Dr.,	ial) or Full C	rganization Name		Date of	f Re	ceipt						
	Mailing Address 24 Burncoat Way				м м 04	/	22)18	Y		
	City	State	Zip Code		Trans	act	ion ID :	4215090	7	_			
	Pittsford	NY	14534-2216		Amount	t of	Each R	Receipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					, .			500.0	0		
		0-	unotion (for Individual)		М	emr) Item						
	Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) rologist	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) 500.00												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS		Use separate schedule(s)	(C	(check only one)								
		for each category of the Detailed Summary Page		X 11a		11b 14	11c 15		12 16	1 17	7	
	ny information copied from such Reports and S for commercial purposes, other than using the				n for the		ose of	soliciting		ntributi	ions	
\square	NAME OF COMMITTEE (In Full)											-
$\left \right\rangle$	American Academy of Neurolog	ıy BrainP	AC									
Α.	Full Name of Individual (Last, First, Middle Init Garland, Erich, W., Dr.,	tial) or Full C	rganization Name		Date o	of Re	ceipt					
	Mailing Address 5843 E Middle Fork Rd				M M	/	22	/ Y) 18	Y	
	City	State	Zip Code		Trans	sacti	on ID :	4215433	34			
	Idaho Falls	ID	83406-8329		Amoun	nt of	Each R	eceipt th	nis P	eriod		
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	Name of Employer (for Individual) Idaho Falls Neurology		upation (for Individual) sician		N	1emo	Item					
	Receipt For:		Year-to-Date ▼									
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	Other (specify) v	L	1000.00									
в.	Full Name of Individual (Last, First, Middle Init Khan, Jaffar, , Dr.,	tial) or Full C	rganization Name		Date o	of Re	ceipt					
	Mailing Address 292 Riverford Way			M M / D D / Y Y 04 23 20) 18	Y		
	City	State	Zip Code		Trans	sactio	on ID :	4215438	8			
	Lawrenceville	GA	30043-6416		Amoun	nt of	Each R	eceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					,			84.0	0	
	Name of Employer (for Individual)		upation (for Individual) urologist	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 336.00]								
_	Full Name of Individual (Last, First, Middle Init	tial) or Full C	rganization Name		Data							_
С.	Cedarbaum, Jesse, M., Dr., Mailing Address 16 Old Barnabas Rd				Date o				v	Y	V	
	To Old Barrabas Ru				04	n /	23	/ 1		18	1	
	City	State	Zip Code		Tran	sacti	on ID :	4215439	92	-		
	Woodbridge	СТ	06525-1923		Amoun	nt of	Each R	eceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.						,	. ,		60.0	0	
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	Biogen Neurologist Receipt For:											
	Aggregate Year-to-Date ▼											
	Other (specify)											
	UBTOTAL of Receipts This Page (optional)									1144.0	0	Ē

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC										
	Full Name of Individual (Last, First, Middle Initial) Busis, Neil, A., Dr., Mailing Address 6934 Rosewood St	Date of Receipt											
	City	04 23 2018 Transaction ID : 42154393											
	Pittsburgh	PA	15208-2639	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		278.00									
	Name of Employer (for Individual) UPP Department of Neurology-Shadyside Receipt For:	Memo Item											
	Primary General Other (specify) ▼]											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bickel, Jennifer, , Dr., Date of Receipt													
	Mailing Address 3400 SW 22nd Street		04 / D D / Y Y Y Y Y 2018										
	City	State MO	Zip Code 64015-7617	Transaction ID : 42154397									
	Blue Springs	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	100.00											
	Name of Employer (for Individual)		upation (for Individual) rologist	Memo Item									
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
с.	Full Name of Individual (Last, First, Middle Initial) Jones, Elaine, C., Dr.,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 28 West National Blvd			M M / D D / Y Y Y Y 04 23 2018									
	City	State SC	Zip Code	Transaction ID: 42154399									
	Ladys Island	30	29907-1768	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	416.66											
	Name of Employer (for Individual) Specialists On Call	Memo Item											
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	Other (specify)]											
s	UBTOTAL of Receipts This Page (optional)			794.66									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12										
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or for commercial purposes, other than usir	and Statements mand the name and a	ay not be sold or used by any puddress of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
American Academy of Neur	ology BrainP	AC											
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 4903 Valerie													
City Bellaire	State TX	Zip Code 77401-5707	Transaction ID : 42154400										
		11401-3707	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		84.00										
Name of Employer (for Individual) Baylor College of Medicine													
Receipt For:		Year-to-Date ▼	—										
Primary General	Aggregate		-										
Other (specify)		336.00											
Full Name of Individual (Last, First, Mido 3. Popwell, Richard, Earl, Dr., Jr.	dle Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 42 E. Fieldview Circle			04 24 2018										
City	State	Zip Code	Transaction ID : 42160691										
Bozeman	MT	59715-7180	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů l												
Name of Employer (for Individual) Bozeman Health Neurosciences		upation (for Individual) <i>r</i> sician	Memo Item										
Receipt For: Primary General	Aggregate	Year-to-Date V	-										
Other (specify) ▼		250.00											
Full Name of Individual (Last, First, Mido C. Gilmer, William, S., Dr.,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2323 Dunstan Rd			M M / D D / Y Y Y Y 04 24 2018										
City	State	Zip Code	Transaction ID : 42160692										
Houston	ТХ	77005-2613	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	FEC ID number of contributing												
Name of Employer (for Individual) Willam S Gilmer MD PA		upation (for Individual) rologist	Memo Item										
Receipt For:	I	•											
Primary General													
Other (specify)													
SUBTOTAL of Receipts This Page (option	al)		294.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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TEWIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17			
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American Academy of Neu	rology BrainP	AC											
Full Name of Individual (Last, First, Mid Mueller, Nancy, L., Dr., Mailing Address 34 Stonybrook Road		Date of Receipt											
			_	04 24 2018									
City Tenafly	State NJ	Zip Code 07670-1118		Transaction ID : 42160693									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Institute of Neurological Care		upation (for Individual) sician		Me	emo	ltem							
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1666.96													
Full Name of Individual (Last, First, Mid Genevieve, Mary, S., Dr.,		Date of	Re	eceipt									
Mailing Address 1289 Manzanita Way		04 / D D / Y Y Y Y 24 2018											
City San Luis Obispo	State CA	Zip Code 93401-7838		Transaction ID : 42160701 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		84.00										
Name of Employer (for Individual) Central Coast Neuro Medical Office, In		upation (for Individual) Irologist		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]										
Full Name of Individual (Last, First, Mid Minagar, Alireza, , Dr.,		rganization Name		Date of	Re	eceipt							
Mailing Address 8040 Captain Dillon Ct				^M 04	/	24			018	Y			
City Shreveport	State LA	Zip Code 71115-4606					: 421607						
FEC ID number of contributing federal political committee.	С	imount	OT	Each i	Receipt		56.0	00					
Name of Employer (for Individual) LSU Health Sciences Center		Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 224.00]										
SUBTOTAL of Receipts This Page (optic	nal)					<u>,</u>	9		556.7	74			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC									
Full Name of Individual (Last, First, Middle I Moschonas, Constantine, , Dr., Mailing Address 8113 E Del Cuarzo Dr City Scottsdale FEC ID number of contributing federal political committee. Name of Employer (for Individual) Four Peaks Neurology Receipt For: Primary General Other (specify) ▼	State AZ C Occu Phy	Zip Code 85258-2254 upation (for Individual) sician Year-to-Date ▼ 1500.00	Date of Receipt 04 24 2018 Transaction ID : 42160706 Amount of Each Receipt this Period 750.00 Memo Item								
Full Name of Individual (Last, First, Middle I B. O'Brien, Hope, , Dr., Mailing Address 8730 South Shore Place City Mason	Initial) or Full O State OH	Zip Code 45040-5040	Date of Receipt 04 23 2018 Transaction ID : 42161798 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Cincinnati Children'S Hospital Medical Receipt For: Primary General Other (specify) ▼	C Occ Neu Aggregate	1000.00 Memo Item									
Full Name of Individual (Last, First, Middle I Gibbons, Christopher, H., Dr., Mailing Address 159 Summit Ave City Brookline FEC ID number of contributing federal political committee. Name of Employer (for Individual) Beth Israel Deaconess Medical Center Receipt For: Primary General Other (specify)	State MA C	rganization Name Zip Code 02446-2319 upation (for Individual) rologist Year-to-Date ▼ 400.00	Date of Receipt 04 23 2018 Transaction ID : 42161799 Amount of Each Receipt this Period 300.00 Memo Item								
SUBTOTAL of Receipts This Page (optional)			2050.00								

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)									
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	American Academy of Neurolog	gy BrainP	AC											
Α.	Full Name of Individual (Last, First, Middle In Burnett, Margaret, E., Dr.,	itial) or Full C	organization Name		Date of	Rec	ceipt							
	Mailing Address 3900 Beethoven St. # 302				^M 04	/	D D D 23	/ Y	ү ү 2018	Y				
	City Los Angeles	State CA	Zip Code 90066-7502	_				4216180 eceipt th		d				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		250	0.00				
	Name of Employer (for Individual) University of Southern California, Kec		upation (for Individual) sician		M	emo	Item							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00													
в.	Full Name of Individual (Last, First, Middle In Furr-Stimming, Erin, , Dr.,	itial) or Full C	Prganization Name		Date of	Rec	ceipt							
	Mailing Address 6431 Fannin St Ste 7.044				м м 04	/	D D 23	/ Y	2018	Y				
	City	State	Zip Code					4216180						
	Houston	ТХ	77030-1501		Amount	ofE	Each R	eceipt th	is Perio	d	_			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	-	250	0.00				
	Name of Employer (for Individual) UTHSC		upation (for Individual) urologist							m				
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		250.00	1										
с.	Full Name of Individual (Last, First, Middle In Mehta, Mona, , Dr.,	itial) or Full C	organization Name		Date of	Rec	ceipt							
	Mailing Address 14418 W. Meeker Blvd Ste 200				^M 04	/	23	JL	2018	Y				
	City Sun City West	State AZ	Zip Code 85375-5291					4216180 eceipt th		d				
	FEC ID number of contributing federal political committee.	s l							250	0.00				
	Name of Employer (for Individual)		M	emo	ltem									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and s or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
American Academy of Neurolog	gy BrainP	AC										
Full Name of Individual (Last, First, Middle In A. Flippen II, Charles, C., Dr.,	rganization Name		Date of	Re	eceipt							
Mailing Address 11319 Isleta Street				04 23 2018								
City	State	Zip Code	Transaction ID : 42161812									
Los Angeles	CA	90049-3022	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					-		Ţ	1	000.0	0	
Name of Employer (for Individual) UCLA Medical Department		Me	emc	Item								
Receipt For:	I	rologist Year-to-Date ▼										
Primary General	Aggregate		- L -									
Other (specify) V	L	1000.00										
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hatcher-Martin, Jaime, , Dr., Date of Receipt												
Mailing Address 2239 Glenmore Lane		м м 04	1	23		/ Y	201	Y 8	Y			
City	State	Zip Code		Transaction ID : 42161821								
Snellville	GA	30078-5651		Amount						eriod		
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Name of Employer (for Individual) Emory University - Dept of Neurology		upation (for Individual) Irologist		Memo Item								
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Primary General Other (specify) ▼		250.00										
Full Name of Individual (Last, First, Middle In C. Hinds, Sidney, , Dr.,	iitial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 14933 DuFief Dr				м м 04	1	23		/ Y	201	Y 18	Y	
City	State	Zip Code		Trans	act	ion ID	: 42	16182	4			
North Potomac	MD	20878-2518		Amount	of	Each I	Rece	eipt thi	is Pe	eriod		
FEC ID number of contributing federal political committee.	С					y		,		250.0	0	
Name of Employer (for Individual) Blast Injury Research Program Coordina		upation (for Individual) rologist		Memo Item								
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Blast Injury Research Program Coordina Receipt For: Primary General		Me	emo) Item		9	1:	500.0				

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		Detailed Summary Page	×	11a		11b	11c	12					
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NAME OF COMMITTEE (In Full)													
American Academy of Neurolo	ogy BrainP	AC											
Full Name of Individual (Last, First, Middle A. Sethi, Hartej, S., Dr.,		Date of Receipt											
Mailing Address 4320 Sw Laurens Way		м м 04	1	/ 23		y y 2018	Y						
City	State	Zip Code		Transaction ID : 42161825									
Торека	KS	66610-1469		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		500.00										
Name of Employer (for Individual)	Occ	upation (for Individual)		M	em	o Item							
Stormont Vail Health	Neu	rologist											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General													
Other (specify) V		500.00											
Full Name of Individual (Last, First, Middle B. Isaacs, Kenneth, H., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name I. Isaacs, Kenneth, H., Dr.,												
Mailing Address 110 North Division Street													
City	State	Zip Code		Transaction ID : 42161826									
Walla Walla	WA	99362-2321		Amount	t of	f Each F	Receipt thi	is Period					
FEC ID number of contributing federal political committee.	С			500.00 Memo Item									
Name of Employer (for Individual) Providence Health Care		upation (for Individual) rsician											
Receipt For:	Aggregate	Year-to-Date V											
Primary General			11.										
Other (specify)		, 500.00	4										
Full Name of Individual (Last, First, Middle C. Rice, Marcus, C., Dr.,	Initial) or Full C	rganization Name		Date of	f R	eceipt							
Mailing Address 7410 Shirland Avenue	ailing Address 7410 Shirland Avenue												
City	State	Zip Code		Trans	ac	tion ID :	: 4216182	8					
Norfolk	VA	23505-2942		Amount	t of	f Each F	Receipt thi	is Period					
FEC ID number of contributing federal political committee.	С					,	. ,	1000.	00				
Name of Employer (for Individual) MS Center of Tidewater		upation (for Individual) sician		М	em	io Item							
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Academy of Neu	rology BrainP	AC									
Full Name of Individual (Last, First, Mid Fox-Rosellini, Susan, , Ms.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3400 SW 27th Ave Apt 1904	04 / D D / Y Y Y Y 23 2018										
City Miami	State FL	Zip Code 33133-5323	Transaction ID : 42161829 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) UM Neurology		upation (for Individual) rologist	Memo Item								
Receipt For: Primary General Other (specify) ▼											
Full Name of Individual (Last, First, Mid . Mechtler, Laszlo, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mechtler, Laszlo, , Dr.,										
Mailing Address 4785 Spaulding Drive	04 / D D / Y Y Y Y 04 23 2018										
City Clarence	State NY	Zip Code 14031-1558	Transaction ID : 42161832								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) Dent Neurologic Institute		upation (for Individual) sician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate]									
Full Name of Individual (Last, First, Mid Friedman, Deborah, I., Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 12123 Edgestone Road		04 / D D / Y Y Y Y 23 2018									
City Dallas	State TX	Zip Code 75230-2341	Transaction ID : 42161836 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) University of Texas Southwestern Medic	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]								
SUBTOTAL of Receipts This Page (option	nal)		4000.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 33 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainPAC	
Full Name of Individual (Last, First, Middle In Jubelt, Burk, , Dr., Mailing Address 7020 Highfield Rd City Fayetteville FEC ID number of contributing	itial) or Full Organization Name State Zip Code NY 13066-9724	Date of Receipt 04 24 2018 Transaction ID : 42161961 Amount of Each Receipt this Period 300.00
federal political committee. Name of Employer (for Individual) SUNY Upstate Medical University Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) Neurologist Aggregate Year-to-Date ▼ 300.00	Memo Item
Full Name of Individual (Last, First, Middle In B. Song, Sarah, , Dr., Mailing Address 2045 W. Concord Place, #405 City Chicago FEC ID number of contributing federal political committee. Name of Employer (for Individual) Rush University Medical Center Receipt For: Primary General Other (specify) ▼		Date of Receipt
Full Name of Individual (Last, First, Middle In Brashear, Allison, , Dr., Mailing Address 208 Hadley Ct City Winston Salem FEC ID number of contributing federal political committee. Name of Employer (for Individual) Wake Forest University Receipt For: Primary General Other (specify)	itial) or Full Organization Name State Zip Code NC 27106-4489 C Occupation (for Individual) Neurologist Aggregate Year-to-Date ▼	Date of Receipt 04 25 2018 Transaction ID : 42162067 Amount of Each Receipt this Period 80.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports a or for commercial purposes, other than using													
American Academy of Neuro	ology BrainP	AC											
Full Name of Individual (Last, First, Middl Qazi, Faisal, M., Dr.,		Date of Receipt											
Mailing Address 1240 West Valencia Mes		04 25 / Y Y Y 2018											
City	State CA	· · ·	Code 2833-2221		Transaction ID : 42162068								
Fullerton FEC ID number of contributing federal political committee.	C	9.		Amount of Each Receipt this Period 85.00									
Name of Employer (for Individual) The Neurology Group		upation	(for Individual)		M	emo) Ite	em					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 340.00										
Full Name of Individual (Last, First, Middl 3. Sanders, Amy, E., Dr.,		Date of	Re	ecei	pt								
Mailing Address 4588 Cascades Drive		04 25 2018											
City	State	· · ·	Code	Transaction ID : 42162069									
Manlius	NY	13	3104-2369	A	mount	of	Ea	ch R	eceipt	this	Period		
FEC ID number of contributing federal political committee.	С			_		,		7	_	100.	00		
Name of Employer (for Individual) SUNY - Upstate Medical University		upation urologist	(for Individual)		M	emo) Ite	em					
Receipt For: Primary General	Aggregate	Year-to-											
Other (specify) ▼		,	400.00	·									
Full Name of Individual (Last, First, Middl Nadeau, Stephen, E., Dr.,	e Initial) or Full C	rganizat	ion Name		Date of	Re	ecei	pt					
Mailing Address 2821 NW 23rd Drive			^M 04	/	Ľ	25			2018	Y			
City	State FL		Code						42162				
Gainesville	112	32	2605-2873	A	mount	of	Ea	ch R	eceipt	this	Period		
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Name of Employer (for Individual)	Occ		M	emo	o Ite	əm							
Malcom Randall VA Medical Center	Neu												
Receipt For:	Aggregate												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	v information copied from such Reports and Station commercial purposes, other than using the																			
	NAME OF COMMITTEE (In Full)																			
	American Academy of Neurology	y BrainP	PAC																	
Α.	Full Name of Individual (Last, First, Middle Initi Buchhalter, Jeffrey, R., Dr.,		Date of Receipt 04 25 2018																	
	Mailing Address 13030 N. 17th Place																			
	City	State Zip Code								Transaction ID : 42162576										
	Phoenix	AZ	85022-5070	Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С			500.00															
	Name of Employer (for Individual)	ployer (for Individual) Occupation (for Individual) Consultant																		
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	Full Name of Individual (Last, First, Middle Initi Holland, Neil, R., Dr.,	al) or Full C	Drganization Name		Date of	f Re	eceipt													
	Mailing Address 1725 Lakeview Drive		M M 04	/	D 10		20)18)18	Y											
	City	State	Zip Code		Transaction ID : 42162589															
	White Haven	PA	18661-2445	/	Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С			500.00															
	Name of Employer (for Individual) Geisinger Health System																			
	Receipt For:	Angregate	Year-to-Date ▼	_																
	Primary General Other (specify) ▼		500.00	1																
С.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wechsler, Lawrence, R., Dr.,						eceipt													
	Mailing Address 5565 Northumberland Street		04	/	24)18 [°]	Y											
	City	State	Zip Code		Trans	sact	ion ID :	4216259	0											
	Pittsburgh	PA	15217-1163	/	Amount	t of	Each F	Receipt th	is F	Period										
	FEC ID number of contributing federal political committee.	С					y .	. ,		1500.0	00									
	Name of Employer (for Individual) University of Pittsburgh Sch of Med		М	emo	o Item															
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\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurology Br	ainP	AC									
Α.	Memphis TI FEC ID number of contributing	ate N	Zip Code 38120-1936	Date of Receipt 04 04 1 24 2018 Transaction ID : 42162592 Amount of Each Receipt this Period 500.00								
	Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	Occi Neu pregate	upation (for Individual) urologist Year-to-Date ▼ 500.00	Memo Item								
В.	Center Valley P FEC ID number of contributing federal political committee. Name of Employer (for Individual) Lehigh Valley Health Network Receipt For:	ate PA Occ Phy	Zip Code 18034-9682 Upation (for Individual) /sician Year-to-Date 500.00	Date of Receipt								
С.	Hummelstown P FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Penn State Hershey Medical Center	ate PA Occo Neu	Zip Code 17036-8536 upation (for Individual) rologist Year-to-Date ▼ 2500.00	Date of Receipt								
s	UBTOTAL of Receipts This Page (optional)			2000.00								
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American Academy of Neur	rology BrainP	AC								
Full Name of Individual (Last, First, Mid Silver, Brian, , Dr.,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 14 Mayflower Ln			04 / D D / Y Y Y Y 04 24 2018							
City Sharon	State MA	Zip Code 02067-2461	Transaction ID : 42162597 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) UMass Memorial Medical Center		upation (for Individual) ırologist	Memo Item							
Receipt For: Primary General Other (specify) ▼										
Full Name of Individual (Last, First, Mid Kincaid, John, C., Dr.,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4220 Knollton			04 / D D / Y Y Y Y 24 2018							
City Indianapolis	State	Zip Code 46228-3335	Transaction ID : 42162601 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Indiana University		upation (for Individual) /sician	Memo Item							
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Primary General Other (specify) ▼		500.00]							
Full Name of Individual (Last, First, Mid Bever, Christopher, , Dr., Jr.	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4325 Conifer Court			04 / Y Y Y Y 24 2018							
City Glen Arm	State MD	Zip Code 21057-9124	Transaction ID : 42162602 Amount of Each Receipt this Period							
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SCHEDULE A	(FEC Form 3X)
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	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC					
Α.	Full Name of Individual (Last, First, Middle Init Bever, Christopher, , Dr., Jr. Mailing Address 4325 Conifer Court	ial) or Full O	Organization Name	Date of Receipt				
	City	State	Zip Code	Transaction ID : 42162604				
	Glen Arm	MD	21057-9124	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		300.00				
	Name of Employer (for Individual)		upation (for Individual) urologist	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
В.	Full Name of Individual (Last, First, Middle Init Wymer, James, P., Dr., Mailing Address 6706 NW 81st Blvd	ial) or Full O	Organization Name	Date of Receipt				
				04 24 2018				
	City Gainesville	State FL	Zip Code 32653-2972	Transaction ID : 42162607				
	FEC ID number of contributing federal political committee.	C	320332372	Amount of Each Receipt this Period				
	Name of Employer (for Individual) Department of Neurology, University of		upation (for Individual) vsician	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
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	Mailing Address 506 Clinton Road			04 / D D / Y Y Y Y 04 24 2018				
	City Chestnut Hill	State MA	Zip Code 02467-1419	Transaction ID : 42162609 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer (for Individual) Beth Israel Deaconess Medical Center		upation (for Individual) sician	Memo Item				
	Receipt For: Primary General Other (specify)	Primary General General						
s	UBTOTAL of Receipts This Page (optional)			1800.00				

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angle American Academy of Neurold	ogy BrainP	AC								
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Mailing Address 2020 Jerome Avenue 2C			04 / D D / Y Y Y Y Y 04 24 2018							
City	State NY	Zip Code	Transaction ID : 42162611							
Brooklyn		11235-2901	Amount of Each Receipt this Period							
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Mailing Address 175 Cambridge St Ste 300 J Philip Kistler Stroke Resea	arch C		04 24 2018							
City	State	Zip Code	Transaction ID : 42162615							
Boston	MA	02114-2796	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) Massachusetts General Hospital		upation (for Individual) urologist	Memo Item							
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Primary General Other (specify) ▼		1000.00]							
Full Name of Individual (Last, First, Middle I 2. Palikh, Gaurang, M., Dr.,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 128 Laurel Ridge Drive			04 / D D / Y Y Y Y 24 2018							
City										
Cherryville	INC	28021-9022	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual)		upation (for Individual) rologist	Memo Item							
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SUBTOTAL of Receipts This Page (optional)			2500.00							
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\	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC														
A	Full Name of Individual (Last, First, Middle Initial) Phipps, Michael, , Dr., Mailing Address 1269 Riverside Ave City Baltimore FEC ID number of contributing ederal political committee. Jame of Employer (for Individual) Jniversity of Maryland School of Medic Receipt For: Primary General Other (specify) ▼	State MD C Occu Neu	upatic	Zip Code 21230-4334	Date of Receipt U 04 24 2018 Transaction ID : 42162626 Amount of Each Receipt this Period 250.00 Memo Item												
B _	Full Name of Individual (Last, First, Middle Initial) Young, Robyn, G., Dr., Mailing Address 5 Sandpiper Place Dity Alameda EC ID number of contributing ederal political committee. Name of Employer (for Individual) Robyn G. Young, MD, A Prof. Corp. Receipt For: Primary General Other (specify) ▼	State CA Cc Occ Neu	State Zip Code CA 94502-7419						Date of Receipt								
C. _	Full Name of Individual (Last, First, Middle Initial) Kaloides, Amy, , Ms., Mailing Address 2520 Wellington Circle Dity Wayzata EC ID number of contributing ederal political committee. Jame of Employer (for Individual) American Academy of Neurology Receipt For: Primary General Other (specify)	State MN C Occu Dire	upatic ector, /	zation Name Zip Code 55391-2412 on (for Individu Advocacy -to-Date ▼	al) 250.00		mount	/ action	2 on ID	24):4 Red	/ ¥ 216263 ceipt thi	2018 2 s Perioo 250	b				
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American Academy of Neuro	logy BrainPA									
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Mailing Address 119 Lansing Island			04 26 / Y Y Y Y 04 26							
City	State	Zip Code	Transaction ID : 42162652							
Indian Harbour Beach	FL	32937-5354	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		220.00							
Name of Employer (for Individual) Www.Neuro-Speed.com		pation (for Individual) plogist	Memo Item							
Receipt For:	I	ear-to-Date ▼								
Primary General										
Other (specify)		744.00								
Full Name of Individual (Last, First, Middle 3. Sermersheim, Michael, A., Dr.,	Date of Receipt									
Mailing Address 1253 Eagle Crest Dr	04 26 2018									
City	State	Zip Code	Transaction ID : 42162653							
Greenwood	IN	46143-8325	Amount of Each Receipt this Period							
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Name of Employer (for Individual) JWM Neurology		pation (for Individual) blogist	Memo Item							
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Primary General Other (specify) ▼		252.00								
Full Name of Individual (Last, First, Middle C. Reynolds, Wesley, D., Dr.,	e Initial) or Full Org	anization Name	Date of Receipt							
Mailing Address 3735 Yates St			04 26 / Y Y Y Y 04 26 2018							
City	State	Zip Code	Transaction ID : 42162654							
Denver	CO	80212-2040	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual)		pation (for Individual)	Memo Item							
Centura Health	Neuro	-								
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Full Name of Individual (Last, First, Middle A. Banwell, Brenda, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 824 Vauclain Rd			04 26 2018								
City Bryn Mawr	State PA	Zip Code 19010-2114	Transaction ID : 42162656 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		84.00								
Name of Employer (for Individual) Childrens Hospital of Philadelphia		upation (for Individual) rologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1								
Full Name of Individual (Last, First, Middle Allison, Tyler, Jared, Dr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9220 Larsen Dr			04 26 Y Y Y Y Y 2018								
City Overland Park	State KS	Zip Code 66214-2125	Transaction ID : 42162659 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		84.00								
Name of Employer (for Individual) Children's Mercy Hospital		upation (for Individual) ırologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]								
Full Name of Individual (Last, First, Middle C. Kopinski, Jason, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 201 Chicago Ave			04 / D D / Y Y Y Y Y 26 / 2018								
City Minneapolis	State MN	Zip Code 55415-1126	Transaction ID : 42162660 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		91.00								
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) uty Executive Director	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 273.00	1								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			259.00								

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

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City Riverside	State CT	Zip Code 06878-1121			on ID : 42 Each Red			_				
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Full Name of Individual (Last, First, Middle Richie, Bunnie, F., Dr., Mailing Address 9075 N 103rd PI	e Initial) or Full O	rganization Name	Date 0	M /	ceipt	/ Y	2018	Y				
City Scottsdale	State AZ	Zip Code 85258-5701	Tran	04 26 2018 Transaction ID : 42162670 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			84.00								
Name of Employer (for Individual) Bunnie F. Richie, DO, PLC		upation (for Individual) rsician		Memo	Item							
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Mailing Address 28404 Foothill Drive			04		D D D 27	/ Y	2018 Y	Y				
City Agoura Hills	State CA	Zip Code 91301-2242			i on ID : 4 Each Ree		'5 iis Period					
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Name of Employer (for Individual) Dr. Meril S. Platzer		upation (for Individual) sician		Memo	Item							
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	/ BrainP	AC										
<u>/</u> A.	Full Name of Individual (Last, First, Middle Initia Brandes, David, W., Dr.,	al) or Full O	rganization Name	Dat	Data of Pagaint								
	Mailing Address 106 Autumn Woods Drive				Date of Receipt 04 27 2018								
	City Sweetwater	State TN	Zip Code 37874-6482				ID:42		6 s Period				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00]									
В.	Full Name of Individual (Last, First, Middle Initia Villa, Kenneth, J., Dr., Mailing Address 4056 Saint James PI	al) or Full O	rganization Name			Receip			V	V			
	City	State Zip Code			04 27 2018 Transaction ID : 42163077								
	San Diego	CA	92103-1630		Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Sharp Rees Stealy Medical Group	Occupation (for Individual) Neurologist			Mer	no Ite	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
с.	Full Name of Individual (Last, First, Middle Initia Hosey, Jonathan, P., Dr.,	al) or Full O	rganization Name	Dat	te of	Receip	ot						
	Mailing Address 1503 Red Ln	1			04 ^M	/ D	27	/ Y	ү ү 2018	Y			
	City Danville	State PA	Zip Code 17821-8493				ID:42 ch Rece		8 s Period				
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	Name of Employer (for Individual) St Luke's Neurology Associates		upation (for Individual) sician		Me	mo Ite	em						
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\setminus	NAME OF COMMITTEE (In Full)													
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Α.	Full Name of Individual (Last, First, Middle Ir Wiesman, Janice, F., Dr.,	nitial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 330 E 38th Street Apt 14D				04 27 2018									
	City New York	State NY	Zip Code 10016-2768					4216308	-					
			10010-2708		Amount	t of	Each F	Receipt th	nis F	eriod				
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В.	Full Name of Individual (Last, First, Middle Ir Kissela, Brett, M., Dr.,	iitial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 9878 Zig Zag Road				04 27 2018									
	City	State	Zip Code		Trans	act	ion ID :	4216308	1					
	Montgomery	OH	45242-6311		Amount	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С				ар. т.			209.	00				
	Name of Employer (for Individual) University of Cincinnati Hospital	Occ Neu		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 836.00]										
<u> </u>	Full Name of Individual (Last, First, Middle Ir Jones, David, E., Dr.,	iitial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 770 Clacton Circle				04	1	D 27)18 [°]	Y			
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	federal political committee.	С			<u></u>		y i	J J		100.0	00			
	Name of Employer (for Individual) FDA, Center for Drug Evaluation and Re	Occi Neu		M	em	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00											
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC								
A.	Full Name of Individual (Last, First, Middle Initia Miles, Rosalyn, B., Dr.,	l) or Full O	rganization Name		Date o	f Re	ceipt				
	Mailing Address 110 Lancaster Dr				м м 04	/	D 26			y y 2018	Y
	City Clayton	State MO	Zip Code 63105-3632	A			i on ID : Each F			Period	
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	Name of Employer (for Individual)		upation (for Individual) rologist		М	emc	ltem				
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в.	Full Name of Individual (Last, First, Middle Initia Marks, Donald, S., Dr.,	l) or Full Oi	rganization Name		Date o	f Re	ceipt				
	Mailing Address P.O. Box 221 10 Eastward Lane		I		м м 04	/	26			y y 2018	Y
	City Marshfield Hills	State MA	Zip Code 02051-0221	A			on ID : Each F			Period	
	FEC ID number of contributing federal political committee.	С							_	250.0	0
	Name of Employer (for Individual) Donald S. Marks, M.D., P.C.		upation (for Individual) irologist		М	emc	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
С.	Full Name of Individual (Last, First, Middle Initia Biller, Jose, , Dr.,	l) or Full O	rganization Name		Date o	f Re	ceipt				
	Mailing Address 1917 W Fletcher St				^M 04	/	26			2018	Y
	City Chicago	State IL	Zip Code 60657-2028	A			ion ID : Each F			Period	
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	Name of Employer (for Individual) Loyola University Stritch School of Me		upation (for Individual) sician		М	lemo	tem				
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City Rochester	State MN	Zip Code 55905-0001	Transaction ID : 42164315												
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) irologist		Me	emo) Item									
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City Charlotte	State NC	Zip Code 28203-6064						216431							
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Name of Employer (for Individual) Carolinas Healthcare System Neuroscie	-														
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	13 14 15 16 17 rson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC							
Full Name of Individual (Last, First, Middle A. Ransom, Jane, , Ms.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 201 Chicago Ave		M M / D D / Y Y Y Y 04 26 2018						
City	State Zip Code	Transaction ID : 42164321						
Minneapolis	MN 55415-1126	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer (for Individual) American Brain Foundation	Occupation (for Individual) Executive Director	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	-						
Other (specify) ▼	1000.00							
Full Name of Individual (Last, First, Middle B. Nadeau, Stephen, E., Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2821 NW 23rd Drive		04 25 2018						
City	State Zip Code	Transaction ID : 42164349						
Gainesville	FL 32605-2873	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual) Malcom Randall VA Medical Center	Occupation (for Individual) Neurologist	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	-						
Other (specify) ▼	500.00							
Full Name of Individual (Last, First, Middle C. Wang, David, Z., Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 7020 North Skyline Dr		M M / D D / Y Y Y Y 04 25 2018						
City	State Zip Code	Transaction ID : 42164354						
Peoria	IL 61614-3147	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer (for Individual) OSF Healthcare System	Occupation (for Individual) Neurologist	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General Other (specify)	500.00							
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Miller, Aaron, E., Dr., Miller, Aaron, E., Dr., Multing Address 55 East 86th Street Apt. 78 City State Zip Code New York NY 10028-1059 FEC ID number of contributing federal political committee. C Transaction ID : 42164355 Name of Employer (for Individual) Occupation (for Individual) Physician Receipt For: Aggregate Year-to-Date ▼ 04 / 25 / 2 Pell Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Peltier, Amanda, C., Dr., Malting Address ga17 Raven Hollow Date of Receipt for: City State Zip Code Brentwood TN 37027-8604 FEC ID number of contributing federal political committee. C Malting Address 5050 Blue Spruce Road City General Occupation (for Individual) Physician Receipt For: Pulver Bloch, Melissa, C., Dr., Aggregate Year-to-Date ▼ Date of Receipt for: Pulver Bloch, Melissa, C., Dr., Malting Address 5050 Blue Spruce Road C Transactin ID : 42164336 Cit											
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			person for the purpose of soliciting contributions to solicit contributions from such committee.						
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American Academy of Neu	Irology BrainP	AC							
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Mailing Address 6811 Old Canton Rd	01-14	Za Osta	04 / D D / Y Y Y Y 2018						
City Ridgeland	State MS	Zip Code 39157-1276	Transaction ID : 42164365 Amount of Each Receipt this Period						
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Name of Employer (for Individual) University of Missouri, Columbia		upation (for Individual) Irologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name of Individual (Last, First, Mid B. Sahn, Leonard, , Dr.,	ddle Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 5019 Elmgate			04 25 2018						
City Orchard Lake	State MI	Zip Code 48324-3014	Transaction ID : 42164368 Amount of Each Receipt this Period						
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Name of Employer (for Individual) Leonard Sahn MD PC		upation (for Individual) urologist	Memo Item						
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Full Name of Individual (Last, First, Mid C. Bowling, Susana, M., Dr.,	ddle Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 4724 Danforth Reserve	e		04 / P D / Y Y Y Y 04 25 2018						
City Stow	State OH	Zip Code 44224-6437	Transaction ID : 42164370 Amount of Each Receipt this Period						
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Name of Employer (for Individual) Summa Health Systems Receipt For:	Neu	upation (for Individual) rologist	Memo Item						
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			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Academy of Neuro	ology BrainP	AC								
Full Name of Individual (Last, First, Middl London, Scott, F., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1536 Cole Blvd Suite 250			04 25 2018							
City Lakewood	State CO	Zip Code 80401-3426	Transaction ID : 42164372 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Neurospecialty Associates PC		upation (for Individual) Irologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Middl Austin, Sara, G., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4909 Westview Dr.	04-4-	7	04 / D D / Y Y Y Y 2018							
City Austin	State TX	Zip Code 78731-4735	Transaction ID : 42164379							
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Mailing Address 8875 NW 23rd Street	1		04 / D D / Y Y Y Y Y 25 / 2018							
City Doral	State FL	Zip Code 33172-2419	Transaction ID : 42164382 Amount of Each Receipt this Period							
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			person for the purpose of soliciting contributions to solicit contributions from such committee.							
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American Academy of Neuro	logy BrainP	AC								
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Mailing Address 330 Brookline Ave KS 228			04 / D D / Y Y Y Y 04 25 2018							
City Boston	State MA	Zip Code 02215-5400	Transaction ID : 42164384 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Beth Israel Deaconess Med Ctr		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Middle Mass, Michele, , Dr.,		organization Name	Date of Receipt							
Mailing Address 3601 SW River Pkwy Ste			04 / D D / Y Y Y Y 2018							
City Portland	State OR	Zip Code 97239-4567	Transaction ID : 42164385 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) OHSU		upation (for Individual) urologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Middle , Rydell, Catherine, M., Ms.,	e Initial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 600 South 2nd Street, 102	1		04 / D D / Y Y Y Y 25 / 2018							
City Minneapolis	State MN	Zip Code 55401-2145	Transaction ID : 42164393 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		2500.00							
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) cutive Director/CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00]							
SUBTOTAL of Receipts This Page (optional)		3000.00							
TOTAL This Period (last page this line num	ber only)									

PAGE 52 OF

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PAGE 53 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)									
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			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Academy of Neu	rology BrainP	AC										
Full Name of Individual (Last, First, Mic Bragin, Ilya, , Dr.,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1616 Best Place			04 25 2018									
City	State PA	Zip Code	Transaction ID : 42164394									
Bethlehem		18017-3276	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		250.00									
Name of Employer (for Individual)		upation (for Individual) Irologist	Memo Item									
Receipt For:		Year-to-Date ▼										
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Other (specify) v		250.00										
Full Name of Individual (Last, First, Mic B. Britton, Carolyn, B., Dr.,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 710 W 168th St Neurological Institute			04 26 2018									
City	State	Zip Code	Transaction ID : 42164415									
New York	NY	10032-3726	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		250.00									
Name of Employer (for Individual)		upation (for Individual) <i>r</i> sician	Memo Item									
Receipt For:		Year-to-Date ▼										
Primary General	Aggregate		_									
Other (specify) ▼		250.00										
Full Name of Individual (Last, First, Mic C. Shah, Nilay, R., Dr.,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 250 Ashland Place Apt. 49J			04 27 2018									
City	State	Zip Code	Transaction ID : 42164425									
Brooklyn	NY	11217-4342	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		5000.00									
Name of Employer (for Individual) Nilay Shah MD PC		upation (for Individual) sician	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		5000.00										
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	may not be sold or used by any pe	13 14 15 16 1 erson for the purpose of soliciting contributions											
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DF COMMITTEE (In Full)	540												
ican Academy of Neurology Bra	nPAC												
ne of Individual (Last, First, Middle Initial) or F I, Bruce, H., Dr.,	Il Organization Name	Date of Receipt											
Address 3141 Neille Lane		04 28 2018											
Stat	Zip Code	Transaction ID : 42164783 Amount of Each Receipt this Period 225.00											
Irg OH	44087-3808												
number of contributing C													
f Employer (for Individual) 's Hospital Medical Center of	Dccupation (for Individual) Physician	Memo Item											
For	ate Year-to-Date V												
imary General		1											
her (specify)	900.00												
ne of Individual (Last, First, Middle Initial) or F , Steven, L., Dr.,	Il Organization Name	Date of Receipt											
Address 806 Timber Hill Road		04 28 2018											
Stat	Zip Code	Transaction ID : 42164784											
d Park IL	60035-5121	Amount of Each Receipt this Period											
number of contributing C		209.00											
f Employer (for Individual) ′alley Health Network	Occupation (for Individual) Physician	Memo Item											
For: Aggre	ate Year-to-Date ▼												
imary General		1											
her (specify)	836.00												
ne of Individual (Last, First, Middle Initial) or F Henson, Lily, , Dr.,	II Organization Name	Date of Receipt											
Address 4785 Kitty Hawk Drive		04 28 2018											
Stat		Transaction ID : 42164785											
GA	30342-2506	Amount of Each Receipt this Period											
number of contributing oolitical committee.		416.66											
f Employer (for Individual) ht Henry Hospital	Dccupation (for Individual) Physician	Memo Item											
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imary General her (specify)	1666.64												
nt Henry Hospital For: Aggree imary General	Physician ate Year-to-Date ▼ 1666.64												

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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American Academy of Neu		٨																		
		AC																		
Full Name of Individual (Last, First, Mid. Urion, David, K., Dr.,	dle Initial) or Full O	rganization Name	C	ate of	Re	eceipt														
Mailing Address 3 Pierce Hill Road		04 / 28 / 2018 Transaction ID : 42164790																		
City	State	Zip Code		Trans	acti	ion ID	: 42	216479	0											
Lincoln	MA	01773-3201	A	mount	t of	Each	Rea	ceipt th	is Period											
FEC ID number of contributing federal political committee.	C		100.00																	
Name of Employer (for Individual) Children'S Hospital Boston		upation (for Individual) Irologist		Me	emo	Item														
Receipt For:	Aggregate	Year-to-Date ▼																		
Primary General	55 - 5		11																	
Other (specify) V		400.00	4																	
Full Name of Individual (Last, First, Mid S. Schwarz, Heidi, B., Dr.,	dle Initial) or Full O	rganization Name	C	ate of	Re	eceipt														
Mailing Address 90 Gorham St									04 / 28 / Y Y Y Y Y 2018											
City	State	Zip Code		Trans	acti	on ID	: 42	216479	2											
Canandaigua	NY	14424-1805	A	mount	t of	Each	Rea	ceipt th	is Period											
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Name of Employer (for Individual) URMC		upation (for Individual) rsician	Memo Item																	
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Full Name of Individual (Last, First, Mid . Potts, Daniel, C., Dr.,	dle Initial) or Full O	rganization Name		ate of	Re	eceipt														
Mailing Address 136 Covey Chase				^M 04	/	D 23	8 8	/ Y	2018	Y										
City	State	Zip Code		Trans	acti	ion ID	: 42	216479	3											
Tuscaloosa	AL	35406-1801	A	mount	t of	Each	Rec	ceipt th	is Period											
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Name of Employer (for Individual)	Occ	upation (for Individual)	- 1	M	emo	ltem														
Tuscaloosa Veterans Affairs Medical Ce		sician																		
Receipt For:	Aggregate	Year-to-Date V																		
Primary General	33 - 3 - 4		11																	
Other (specify)		600.00																		
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PAGE 55 OF

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PAGE 56 OF

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\backslash	NAME OF COMMITTEE (In Full)	av Prois D	AC														
	American Academy of Neurolo	gy brainP															
Α.	Full Name of Individual (Last, First, Middle Ir Fritz, Joseph, V., Dr.,	nitial) or Full O	organization Name			Date of	Re	eceipt									
	Mailing Address 6245 Creekhaven Drive					^M 04	1		27	/ Y		18	Y				
	City East Amboret	State NY	Zip Code							216519							
	East Amherst		14051-2077		_ /	\mount	t of	Each	Re	ceipt th	is Pe	eriod					
	FEC ID number of contributing federal political committee.	С			1000.00												
	Name of Employer (for Individual) Dent Neurologic Institute		M	emc	o Item	ı											
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General Other (specify) ▼		1000.00	D													
	Full Name of Individual (Last, First, Middle Ir Spanaki-Varelas, Marianna, V., Dr.		rganization Name			Date of	Re	eceipt									
	Mailing Address 7367 Village Square Drive					м м 04	/	D	D 10	/ Y	ү 20	18 18	Ŷ				
	City	State	Zip Code			Trans	acti	ion IC):4	216541	6						
	West Bloomfield	MI	48322-3390			۱mount	of	Each	Re	ceipt th	is Pe	eriod					
	FEC ID number of contributing federal political committee.							600.00									
	Name of Employer (for Individual) Neurology Department Henry Ford Hospit		upation (for Individual) urologist		Memo Item												
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) V		, 600.0	0													
с.	Full Name of Individual (Last, First, Middle Ir McKinnon, Jonathan, Hart, Dr.,	hitial) or Full O	rganization Name			Date of	Re	eceipt									
	Mailing Address 351 N Buffalo Drive Suite B					^M 04	1	;	30 ^D		20	т 18	Y				
	City Las Vegas	State NV	Zip Code 89145-0301							218785							
	`		09140-0301			Amount	t of	Each	Re	ceipt th	is Pe	eriod	_				
	FEC ID number of contributing federal political committee.	С						y				200.0	0				
	Name of Employer (for Individual)	Осси	upation (for Individual)			M	emo	o Item	n								
	Las Vegas Clinic	Neu	rologist														
	Receipt For: Primary General	Aggregate	Year-to-Date V														
	Other (specify)		800.0	0													
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		⊾							1	800.0	0				
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TEMIZED RECEIPTS	Detailed Summary Page	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											
NAME OF COMMITTEE (In Full)											
American Academy of Neurolog	IY DIAITIFAC										
Full Name of Individual (Last, First, Middle Init Crandall, Suzanne, , Dr.,	me of Individual (Last, First, Middle Initial) or Full Organization Name dall, Suzanne, , Dr.,										
Mailing Address 703 East 47th Street		M M / D D / Y Y Y Y 04 25 2018									
City	State Zip Code	Transaction ID : 42196278									
Kansas City	MO 64110-1681	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	250.00									
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
Saint Lukes Neurological Consultants	Physician										
Receipt For:	Aggregate Year-to-Date ▼	—									
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Other (specify) ▼	450.00										
Full Name of Individual (Last, First, Middle Init B. Ben-Menachem, Elinor, , ,	ial) or Full Organization Name	Date of Receipt									
Mailing Address Dept of Clinical Neuroscience,	Sah	04 30 / Y Y Y Y 04 30 2018									
City	State Zip Code	Transaction ID : 42205267									
Gothenburg	XX 41345	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	0.00									
Name of Employer (for Individual) Dept of Clinical Neuroscience	Occupation (for Individual) Neurologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Refund(s) on Schedule B Totaling \$50.00 This chatter the YTD Total to \$0.00									
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name										
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SUBTOTAL of Receipts This Page (optional)		250.00									

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

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PAGE 58 OF

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	y information copied from such Reports and State for commercial purposes, other than using the na					for	the		pose of	solicitin	g con	tributi	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC	;									
A.	Full Name of Individual (Last, First, Middle Initial) Ryan Costello For Congress Mailing Address PO Box 3154	or Full O)rgar	nization Name			te of	Re				Y	Y
	City	State		Zip Code		L	04	()	16	JL	20		T
	West Chester	PA		19381	_					421654		əriod	
	FEC ID number of contributing federal political committee.	C coo	0554	4899		Ē					1	000.0	0
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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		OR LINE heck on					PA	GE 5	9 OF	62					
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		21b) 22 28b	X 2	3 8c	26 29		27 80b						
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American Academy of Neurology	/ BrainPA	C															
Full Name (Last, First, Middle Initial) A. Friends of John Barrasso Comm	ittee				D	ate of	f Disb	ursem	ent	Ý	YYY						
Mailing Address 406 Virginia Ave.,						04		11		201	8						
City	State	Zip Code			FE	EC Id	entific	ation I	Number								
Alexandria	VA	22302															
Purpose of Disbursement Campaign Contribution			C)11	C												
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Full Name (Last, First, Middle Initial)																	
B. Michael Burgess For Congress					D	ate of	f Disb	ursem	ent								
Mailing Address PO Box 2334	ing Address PO Box 2334									201							
City Denton	State Zip Code TX 76202								FEC Identification Number								
Purpose of Disbursement Campaign Contribution Funds Reported On <er< td=""><td>iter Report Nar</td><td>ne Here></td><td>(</td><td>)11</td><td colspan="7">C C00372532 Transaction ID : 42138117</td><td></td></er<>	iter Report Nar	ne Here>	()11	C C00372532 Transaction ID : 42138117												
Candidate Name			Cat	egory/							nis Perio	bd					
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Full Name (Last, First, Middle Initial) C. Michael Burgess For Congress					D	ate of	f Disb	ursem	ent								
• Michael Burgess i of Congress						M	/	DD		Y	YY						
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Campaign Contribution Re-designated funds for	trans. dated 2/	28/2018	C)11		<i>.</i>	C003	72532									
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Office Sought: 🗙 House Disbur	sement For:	2017								25	00.00						
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angle American Academy of Neurology E	BrainPAC											
Full Name (Last, First, Middle Initial) • Friends Of Chris Murphy					L _		Disburse	_				
Mailing Address PO Box 127		03 / D D / Y Y Y Y 16 / 2018										
City Cheshire	State CT	Zip Code 06410			FE	EC Ide	entificatio	n Nu	umber		_	
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Candidate Name Murphy, Chris, Scott, Sen.,			Cateo Typ		Ar	nount	of Each	Dist	ourser	nent 1	his Period	
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Mailing Address PO Box 127					1 Ľ	04		1		20		
City Cheshire	State CT	FEC Identification Number										
Purpose of Disbursement Campaign Contribution Re-designated funds for tra	ans. dated 3/1	6/2018	01	1	C	al an air	004926		4040			
Candidate Name			Categ	ory/	Ar		nsaction of Each		-		his Period	
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Full Name (Last, First, Middle Initial) Volunteers For Shimkus					Da	ate of	Disburse	emer	nt			
Mailing Address PO Box 661						04	/ D 1	D 8	/ Y	201	8 Y	
City Collinsville	State IL	Zip Code 62234			FE	EC Ide	entificatio	n Nu	umber			
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Mailing Address P.O. Bo	ox 14331				04 18 2018												
City Baton Rouge		State LA	Zip Code 70898		FEC Ide	entification	Number		-								
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Candidate Name					Transaction ID : 42146051 Amount of Each Disbursement this Period												
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City Bowling Green		State OH	Zip Code 43402		FEC Identification Number C C00438697 Transaction ID : 42146052												
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Full Name (Last, First, I C. Nancy Pelosi Fo	,				Date of	Disburse											
Mailing Address 700 13 Suite 6					м м 04	/ 18		2018									
City Washington		State DC	Zip Code 20005		FEC Ide	entification	Number		-								
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\backslash	NAME OF COMMITTEE (In Full)		-										
	American Academy of Neurology	BrainPA	С										
-	Full Name (Last, First, Middle Initial) Diana Degette For Congress				Date of Disbursement								
	Mailing Address P.O. Box 61337				04 18 2018								
	City Denver	State Zip Code CO 80206											
	Purpose of Disbursement Campaign Contribution				C C00311639								
	Candidate Name			011	Transaction ID : 42146054								
	DeGette, Diana, , Rep.,			Category/ Type	Amount of Each Disbursement this Period								
		ement For: Primary	2018 General		1000.00								
	President	Other (spe			Campaign Contribution								
	State: CO District: 01												
	Full Name (Last, First, Middle Initial) Bob Casey For Senate Inc				Date of Disbursement								
	Mailing Address PO Box 58746				04 / 18 / Y Y Y Y 2018								
	City Philadelphia	State PA	Zip Code 19102		FEC Identification Number								
	Purpose of Disbursement Campaign Contribution		10102	011	C C00431056								
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	Casey, Bob, P., Sen., Jr.	ement For:	0017	Туре	1000.00								
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C.	Full Name (Last, First, Middle Initial)				Date of Disbursement								
	Mailing Address												
	City	State	Zip Code		FEC Identification Number								
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