

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on / / in the State of

(d) 30-Day **POST**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel *[Electronically Filed]* Date / /

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

Office Use Only										
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		114069.08
(b) Cash on Hand at Beginning of Reporting Period.....	74246.93	
(c) Total Receipts (from Line 19)	31825.01	81102.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106071.94	195171.94
7. Total Disbursements (from Line 31).....	25000.00	114100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81071.94	81071.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24250.34	52816.34
(ii) Unitemized	7574.67	28286.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31825.01	81102.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31825.01	81102.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	31825.01	81102.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31825.01	81102.86

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	114000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25000.00	114100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	114100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31825.01	81102.86
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31825.01	81002.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Dr. Brett M. Kissela
 Full Name (Last, First, Middle Initial)
 Mailing Address 9878 Zig Zag Road
 City Cincinnati State OH Zip Code 45242-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2015
Transaction ID : 37947760
 Amount of Each Receipt this Period 250.00

B. Dr. Elaine C. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Bay Spring Ave
 City Barrington State RI Zip Code 02806-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2015
Transaction ID : 37947761
 Amount of Each Receipt this Period 500.00

C. Dr. David N. McCollum
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Brackish Place
 City Ocean Springs State MS Zip Code 39564-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Singing River Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2015
Transaction ID : 37947765
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Rod Larson
Full Name (Last, First, Middle Initial)

Mailing Address 4418 Xerxes Ave S

City State Zip Code
Minneapolis MN 55410-1417

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

Name of Employer Occupation
American Academy of Neurology Deputy Exec. Director, Center for Heal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015
Transaction ID : 37947769

Amount of Each Receipt this Period
1000.00

B. Dr. Thomas R. Vidic
Full Name (Last, First, Middle Initial)

Mailing Address 69805 Hilltop Rd

City State Zip Code
Union MI 49130-9771

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

Name of Employer Occupation
Elkhart Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2015
Transaction ID : 37947790

Amount of Each Receipt this Period
1000.00

C. Dr. Donn Dexter
Full Name (Last, First, Middle Initial)

Mailing Address 7410 Lakeview Dr

City State Zip Code
Eau Claire WI 54701-8329

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

Name of Employer Occupation
Mayo Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2015
Transaction ID : 37947792

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Parthasarathy Thirumala
 Full Name (Last, First, Middle Initial)
 Mailing Address 4020 Park Place
 City Glenshaw State PA Zip Code 15116-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pittsburgh Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 37947842
 Amount of Each Receipt this Period
 250.00

B. Dr. David E. Hart
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Yorkshire Lane
 City Delmar State NY Zip Code 12054-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Med. College Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 37947852
 Amount of Each Receipt this Period
 250.00

C. Dr. Mark A. Kozinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3537 Knollwood Dr NW
 City Atlanta State GA Zip Code 30305-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 37949578
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Gaurang M. Palikh
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Laurel Ridge Drive
 City Cherryville State NC Zip Code 28021-9022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neurology Center of Shelby Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 37949580
 Amount of Each Receipt this Period
 1000.00

B. Dr. William C. Davison
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 Seminole Road
 City Wilmette State IL Zip Code 60091-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Western Univ Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 37950074
 Amount of Each Receipt this Period
 500.00

C. Dr. Joel M. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Fenimore Rd
 City Worcester State MA Zip Code 01609-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 37950076
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Awais Riaz
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmscott Lane

City State Zip Code
Salt Lake City UT 84124-2580

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

Name of Employer Occupation
Univ. of Utah Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015
Transaction ID : 37950621

Amount of Each Receipt this Period
250.00

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

Mailing Address 208 Hadley Ct

City State Zip Code
Winston Salem NC 27106-4489

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

Name of Employer Occupation
Wake Forest Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015
Transaction ID : 37950623

Amount of Each Receipt this Period
75.00

C. Dr. Sarah M. Benish
Full Name (Last, First, Middle Initial)

Mailing Address 5949 Bradbury Court

City State Zip Code
Inver Grove Heights MN 55076-1597

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

Name of Employer Occupation
Fairview Health Services Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015
Transaction ID : 37950625

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michele Klasinski
Full Name (Last, First, Middle Initial)

Mailing Address 500 Vincent St Ste B

City Stevens Point State WI Zip Code 54481-1842

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 37958963

Amount of Each Receipt this Period
 500.00

B. Dr. Bernadette A. Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 10006 Seward Street

City Omaha State NE Zip Code 68114-1254

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

Name of Employer Alegent Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 37960125

Amount of Each Receipt this Period
 250.00

C. Ms. Catherine M. Rydell
Full Name (Last, First, Middle Initial)

Mailing Address 4645 Park Commons, #319

City Saint Louis Park State MN Zip Code 55416-4175

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

Name of Employer American Academy of Neurology Occupation Executive Director/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 37960126

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher Milford		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 Transaction ID : 37962888
Mailing Address 11373 Rancho Villa Verde Place		Amount of Each Receipt this Period 1000.00
City Las Vegas	State NV	Zip Code 89138-1551
FEC ID number of contributing federal political committee. C		
Name of Employer Silver State Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven J. Holtz		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 Transaction ID : 37963666
Mailing Address 6970 Broadway Terrace		Amount of Each Receipt this Period 100.00
City Oakland	State CA	Zip Code 94611-1950
FEC ID number of contributing federal political committee. C		
Name of Employer John Muir Physical Ntwk	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Terrence L. Cascino		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 Transaction ID : 37964078
Mailing Address 2931 Stone Park Dr NE		Amount of Each Receipt this Period 84.00
City Rochester	State MN	Zip Code 55906-7722
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. John R. Wilson		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 Transaction ID : 37964570
Mailing Address 928 Mapleton Ave		Amount of Each Receipt this Period 1000.00
City Oak Park	State IL	Zip Code 60302-1404
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Laurie Gutmann		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 Transaction ID : 37964667
Mailing Address 826 Sugar Loaf Circle		Amount of Each Receipt this Period 500.00
City Iowa City	State IA	Zip Code 52245-2706
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Iowa	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Christopher Prusinski		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 Transaction ID : 37964772
Mailing Address 119 Lansing Island		Amount of Each Receipt this Period 1500.00
City Indian Harbour Beach	State FL	Zip Code 32937-5354
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Azreena B. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 13651 Treasure Trail
 City San Antonio State TX Zip Code 78232-3508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 37966256
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : 37966347
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date
 300.00

C. Dr. Mark S. Yerby
 Full Name (Last, First, Middle Initial)
 Mailing Address Fat Pony Farm
 63705 Deschutes Market Road
 City Bend State OR Zip Code 97701-8817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Pacific Epilepsy Research Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : 37975186
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Michael R. Yochelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 Commander Drive
 City Hyattsville State MD Zip Code 20782-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 37976330
 Amount of Each Receipt this Period
 83.34

B. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 37976331
 Amount of Each Receipt this Period
 185.00

C. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 3356 Miro Place
 City Dallas State TX Zip Code 75204-7526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 37976332
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	368.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Dunstan Rd
 City Houston State TX Zip Code 77005-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 37976333
 Amount of Each Receipt this Period
 85.00

B. Dr. Ralph F. Jozefowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Lac Kine Drive
 City Rochester State NY Zip Code 14618-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 37976334
 Amount of Each Receipt this Period
 250.00

C. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 37976336
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : 37978788

Amount of Each Receipt this Period
 416.00

B. Dr. Joan Puglia
Full Name (Last, First, Middle Initial)

Mailing Address 1 Windy Ridge Lane

City New Milford State CT Zip Code 06776-3955

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

Name of Employer Self - Northwest Hills Neurology, P.C. Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015
Transaction ID : 37979433

Amount of Each Receipt this Period
 250.00

C. Dr. Colleen Vanderkolk
Full Name (Last, First, Middle Initial)

Mailing Address 704 Thurrock Circle

City Brentwood State TN Zip Code 37027-1504

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

Name of Employer St. Thomas Medical Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : 37987580

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 751.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David W. Brandes
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Autumn Woods Drive
 City Sweetwater State TN Zip Code 37874-6482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 18 / 2015**
Transaction ID : 37987581
 Amount of Each Receipt this Period **85.00**

B. Dr. Daniel C. Potts
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Covey Chase
 City Tuscaloosa State AL Zip Code 35406-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 19 / 2015**
Transaction ID : 37989313
 Amount of Each Receipt this Period **100.00**

C. Dr. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St Ste 1106
 City Chicago State IL Zip Code 60612-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **501.00**

Date of Receipt **03 / 20 / 2015**
Transaction ID : 37996093
 Amount of Each Receipt this Period **167.00**

SUBTOTAL of Receipts This Page (optional)..... **352.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7575 W Washington Ave, #127-160

City Las Vegas	State NV	Zip Code 89128-4333
-------------------	-------------	------------------------

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

Name of Employer Las Vegas Clinic	Occupation Neurologist
--------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2015

Transaction ID : 38009377

Amount of Each Receipt this Period
100.00

B. Dr. Andrew J. Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 1317 Kenton Road

City Deerfield	State IL	Zip Code 60015-2311
-------------------	-------------	------------------------

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

Name of Employer Northwest Neurology	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2015

Transaction ID : 38009379

Amount of Each Receipt this Period
1000.00

c. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

Name of Employer Rush	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2015

Transaction ID : 38009395

Amount of Each Receipt this Period
84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Lily Jung Henson
Full Name (Last, First, Middle Initial)

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

Name of Employer Swedish Neurosci. Institute, Swedish H Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.00**

Date of Receipt
03 / 23 / 2015

Transaction ID : 38009952

Amount of Each Receipt this Period
416.00

B. Dr. Lyell K. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Scenic View Lane SW

City Rochester State MN Zip Code 55902-2575

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

Name of Employer Mayo MN Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 24 / 2015

Transaction ID : 38010606

Amount of Each Receipt this Period
100.00

C. Dr. Stephen E. Nadeau
Full Name (Last, First, Middle Initial)

Mailing Address 2821 NW 23rd Drive

City Gainesville State FL Zip Code 32605-2873

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

Name of Employer Veterans Administration Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 16 / 2015

Transaction ID : 38012540

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **766.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Erich W. Garland
Full Name (Last, First, Middle Initial)

Mailing Address 5843 E Middle Fork Rd

City Idaho Falls State ID Zip Code 83406-8329

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

Name of Employer Idaho Falls Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : 38012541

Amount of Each Receipt this Period
 1000.00

B. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : 38013031

Amount of Each Receipt this Period
 200.00

C. Dr. Faisal M. Qazi
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton State CA Zip Code 92833-2221

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

Name of Employer Inland Neurologic Consultants Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : 38013033

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	1285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Thomas Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Prospect Dr

City	State	Zip Code
Missoula	MT	59808-8608

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : 38015755

Amount of Each Receipt this Period
 250.00

B. Dr. David A. Josephson
Full Name (Last, First, Middle Initial)

Mailing Address 10915 Lakeview Dr

City	State	Zip Code
Carmel	IN	46033-3936

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

Name of Employer	Occupation
JWM Neurology PC	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : 38033959

Amount of Each Receipt this Period
 500.00

C. Dr. Korwyn Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1919 E Thomas Rd
Division of Neurology

City	State	Zip Code
Phoenix	AZ	85016-7710

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

Name of Employer	Occupation
Phoenix Children's Hospital	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 38034637

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Shannon M. Kilgore
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Doud Dr
 City Los Altos State CA Zip Code 94022-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 38034697
 Amount of Each Receipt this Period
 500.00

B. Dr. Sandra F. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E Huron St Ste 11-100
 City Chicago State IL Zip Code 60611-2968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 38052850
 Amount of Each Receipt this Period
 1000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	24250.34

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joe R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : 37979510

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989573

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Chris Scott Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989585

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989586

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Gregg Harper

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989587

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. John B. Larson

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989589

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 386

City State Zip Code
Clarence NY 14031

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Christopher Collins

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 27

Date of Disbursement

/ /

Transaction ID : 37989591

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City State Zip Code
Albany NY 12206

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Paul David Tonko

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 20

Date of Disbursement

/ /

Transaction ID : 37989592

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Nancy Pelosi

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

/ /

Transaction ID : 37989593

Amount of Each Disbursement this Period

Campaign Contribution

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

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

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989594

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City State Zip Code
Dublin OH 43017

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989596

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City State Zip Code
Winston-Salem NC 27113

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Richard M. Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989597

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

4000.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Bill Flores For Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989600

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989601

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 37989602

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4500.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Mark Steven Kirk

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : 37989603

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Full House PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Leadership PAC Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : 37989623

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Void - Friends Of Joe Heck

011

Candidate Name

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : 37989663

Amount of Each Disbursement this Period

-2500.00

Void - Friends Of Joe Heck

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

1000.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Morgan H. Griffith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : 37989724

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

25000.00