

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 01 2016 through 03 31 2016

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 04 20 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="132054.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38068.04"/>	<input type="text" value="100972.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="170122.89"/>	<input type="text" value="248232.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="70500.00"/>	<input type="text" value="148610.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="99622.89"/>	<input type="text" value="99622.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	30125.21	71045.58
(ii) Unitemized	7942.83	29427.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38068.04	100472.75
(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)	38068.04	100472.75
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	500.00
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))..... ▶	38068.04	100972.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38068.04	100972.75

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.....	70000.00	147000.00
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	500.00	1610.00
(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)).....	500.00	1610.00
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)) ..	70500.00	148610.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70500.00	148610.00

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)	38068.04	100472.75
34. Total Contribution Refunds (from Line 28(d))	500.00	1610.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37568.04	98862.75
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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Edgar J. Kenton III
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N Academy Ave
 City Danville State PA Zip Code 17822-9800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Health system Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39197475
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 03 / 01 / 2016
Transaction ID : 39197477
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Elaine C. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Bay Spring Ave
 City Barrington State RI Zip Code 02806-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1318.18

Date of Receipt 03 / 01 / 2016
Transaction ID : 39197479
 Amount of Each Receipt this Period 409.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1659.09
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 42
(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

Full Name (Last, First, Middle Initial)
A. Dr. Dawn Eliashiv

Mailing Address 204 South Stanley Drive

City State Zip Code
 Beverly Hills CA 90211-3005

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

Name of Employer Occupation
 UCLA 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 / 01 / 2016
Transaction ID : 39197480

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Nicholas Elwood Johnson

Mailing Address 2207 E Camino Way

City State Zip Code
 Salt Lake City UT 84121-4908

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2016
Transaction ID : 39199820

Amount of Each Receipt this Period
 100.00

Memo Item

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

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 / 2016
Transaction ID : 39204029

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 8 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5949 Bradbury Court

City Inver Grove Heights State MN Zip Code 55076-1597

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

Name of Employer Fairview Health Services Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : 39204030

Amount of Each Receipt this Period
 250.00

Memo Item

B. Dr. John C. Kincaid
Full Name (Last, First, Middle Initial)

Mailing Address 4220 Knollton

City Indianapolis State IN Zip Code 46228-3335

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

Name of Employer Indiana University 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 / 01 / 2016
Transaction ID : 39211515

Amount of Each Receipt this Period
 250.00

Memo Item

C. Dr. Vinay Puri
Full Name (Last, First, Middle Initial)

Mailing Address 1705 Clayton Rd

City Louisville State KY Zip Code 40205-2413

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

Name of Employer Univ. of Louisville Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 39211521

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Bradford Lynn Talcott
 Full Name (Last, First, Middle Initial)
 Mailing Address 5566 Clearfield Ln
 City Ammon State ID Zip Code 83406-8377
 Occupation Neurologist
 Name of Employer Self
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211528
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dr. Teresa L. Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Landsdowne Road
 City Ann Arbor State MI Zip Code 48105-1052
 Occupation Neurologist
 Name of Employer University of Michigan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211530
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dr. Thomas R. Vidic
 Full Name (Last, First, Middle Initial)
 Mailing Address 69805 Hilltop Rd
 City Union State MI Zip Code 49130-9771
 Occupation Physician
 Name of Employer Elkhart Clinic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211531
 Amount of Each Receipt this Period 1000.00
 Memo Item

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: (check only one)	PAGE 10 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Briseida E. Feliciano-Astacio
 Full Name (Last, First, Middle Initial)
 Mailing Address E12 Calle Paseo Flamboyán
 Sector El Valle Urb. Los Prados
 City Caguas State PR Zip Code 00727-2521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Neoera Medical Occupation: Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : 39211533
 Amount of Each Receipt this Period: 1000.00
 Memo Item

B. Dr. Michael E. Markowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Redwood Circle
 City Mashpee State MA Zip Code 02649-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Tri-State Mountain Neurology Associate Occupation: Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : 39211534
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Dr. David J. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 1539 N Halifax Ave
 City Daytona Beach State FL Zip Code 32118-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Neurology Associates Occupation: Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : 39211536
 Amount of Each Receipt this Period: 1090.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2340.00
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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. 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) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211539
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 03 / 01 / 2016
Transaction ID : 39211542
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Dr. David C. Good
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 Stoney Run Road
 City Hummelstown State PA Zip Code 17036-8536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Med Center Occupation Neurologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211544
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Gaurang M. Palikh
Full Name (Last, First, Middle Initial)

Mailing Address 128 Laurel Ridge Drive

City State Zip Code
Cherryville NC 28021-9022

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

Name of Employer Occupation
Neurology Center of Shelby Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 01 / 2016
Transaction ID : 39211559

Amount of Each Receipt this Period
1000.00

Memo Item

B. Dr. Samir Belagaje
Full Name (Last, First, Middle Initial)

Mailing Address 1710 Buckhead Ct NE

City State Zip Code
Atlanta GA 30324-6100

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

Name of Employer Occupation
Emory Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt
03 / 01 / 2016
Transaction ID : 39211642

Amount of Each Receipt this Period
501.00

Memo Item

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

Mailing Address 4645 Park Commons, #319

City State Zip Code
Saint Louis Park MN 55416-4175

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 01 / 2016
Transaction ID : 39211645

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2501.00
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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Aaron Heide
Full Name (Last, First, Middle Initial)
Mailing Address 5740 River Birch Drive
City Reno State NV Zip Code 89511-4358
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Mary's Regional Medical Center Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211646
Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dr. Donn Dexter
Full Name (Last, First, Middle Initial)
Mailing Address 7410 Lakeview Dr
City Eau Claire State WI Zip Code 54701-8329
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39211648
Amount of Each Receipt this Period 500.00
 Memo Item

C. Dr. Mill Etienne
Full Name (Last, First, Middle Initial)
Mailing Address 19 Coe Farm Road
City Montebello State NY Zip Code 10901-2908
FEC ID number of contributing federal political committee. **C**
Name of Employer Bon Secours Charity Health Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 39214539
Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 42
	<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. Mariecken V. Fowler
Full Name (Last, First, Middle Initial)

Mailing Address 522 Merrimans Ln.

City Winchester State VA Zip Code 22601-6208

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

Name of Employer Winchester Neurological Consultants Occupation Neurologist

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 / 08 / 2016
Transaction ID : 39214542

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Dr. Erik Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : 39217586

Amount of Each Receipt this Period
 100.00

Memo Item

C. Dr. Steven J. Holtz
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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

Name of Employer John Muir Physical Ntwk Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : 39217587

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. David A. Josephson
 Full Name (Last, First, Middle Initial)
 Mailing Address 10915 Lakeview Dr
 City Carmel State IN Zip Code 46033-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JWM Neurology PC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : 39222267
 Amount of Each Receipt this Period **500.00**
 Memo Item

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) Aggregate Year-to-Date **627.00**

Date of Receipt **03 / 13 / 2016**
Transaction ID : 39226232
 Amount of Each Receipt this Period **209.00**
 Memo Item

C. Dr. Simon J. Farrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1804 Piccolo Way
 City Las Vegas State NV Zip Code 89146-3029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simon Farrow Neurology Occupation Neurologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 14 / 2016**
Transaction ID : 39233609
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1709.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Constantine Moschonas
 Full Name (Last, First, Middle Initial)
 Mailing Address 8113 E Del Cuarzo Dr
 City State Zip Code
 Scottsdale AZ 85258-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Four Peaks Neurology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39234068
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Dr. Terrence L. Cascino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Stone Park Dr NE
 City State Zip Code
 Rochester MN 55906-7722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : 39243317
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Dr. Stephen E. Nadeau
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 NW 23rd Drive
 City State Zip Code
 Gainesville FL 32605-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Veterans Administration 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 / 17 / 2016
Transaction ID : 39243605
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1084.00
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 42
	<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. Marcus C. Rice
Full Name (Last, First, Middle Initial)

Mailing Address 7410 Shirland Avenue

City Norfolk State VA Zip Code 23505-2942

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

Name of Employer Occupation
Neuroconsultants of Tidewater Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 18 / 2016
Transaction ID : 39245120

Amount of Each Receipt this Period
1000.00

Memo Item

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 Occupation
VA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 19 / 2016
Transaction ID : 39249290

Amount of Each Receipt this Period
100.00

Memo Item

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 Occupation
Rush Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
03 / 19 / 2016
Transaction ID : 39249291

Amount of Each Receipt this Period
84.00

Memo Item

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 18 OF 42
	<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 Tenaflly 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 ▼
1249.98

Date of Receipt
03 / 19 / 2016
Transaction ID : 39249292

Amount of Each Receipt this Period
416.66

Memo Item

B. Dr. M Barry Loudon Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5503 1st Ave

City Vienna State WV Zip Code 26105-1946

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

Name of Employer Parkersburg Neurological Associates, I Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 19 / 2016
Transaction ID : 39249294

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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
03 / 22 / 2016
Transaction ID : 39255589

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2416.66
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 42
	<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. Stanley J. Whitney
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee State FL Zip Code 32312-6788

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

Name of Employer Tallahassee Neurology Associates Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 39256509

Amount of Each Receipt this Period 90.00

Memo Item

B. Dr. Joseph S. Kass
Full Name (Last, First, Middle Initial)

Mailing Address 4903 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 39256512

Amount of Each Receipt this Period 84.00

Memo Item

C. 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 03 / 24 / 2016
Transaction ID : 39260828

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	259.00
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 42
	<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. 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 03 / 24 / 2016
Transaction ID : 39260829
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Janice F. Wiesman
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 E 38th Street Apt 14D
 City New York State NY Zip Code 10016-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston University School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 39260831
 Amount of Each Receipt this Period 209.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 39260832
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	543.00
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 21 OF 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Dr. 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 03 / 24 / 2016
Transaction ID : 39284986
Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Joan Puglia
Full Name (Last, First, Middle Initial)
Mailing Address 130 Afra Drive
City West Boylston State MA Zip Code 01583-2132
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 ▼ 500.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 39284987
Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Robert B. Daroff
Full Name (Last, First, Middle Initial)
Mailing Address 14260 Larchmere Blvd
City Cleveland State OH Zip Code 44120-1316
FEC ID number of contributing federal political committee. **C**
Name of Employer Case Western Reserve University Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 39285409
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 42
	<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 L. Camenga
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Glenwood Ave
 City Augusta State ME Zip Code 04330-6906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39293519
 Amount of Each Receipt this Period 125.00
 Memo Item

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 03 / 25 / 2016
Transaction ID : 39293522
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Dr. Allison Brashear
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Hadley Ct
 City Winston Salem State NC Zip Code 27106-4489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39293523
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
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 42
	<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. Faisal M. Qazi
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City	State	Zip Code
Fullerton	CA	92833-2221

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

Name of Employer	Occupation
Inland Neurologic Consultants	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	/	2016

Transaction ID : 39293524

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 106 Autumn Woods Drive

City	State	Zip Code
Sweetwater	TN	37874-6482

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : 39293527

Amount of Each Receipt this Period
85.00

Memo Item

C. Dr. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 828 Homestead Dr

City	State	Zip Code
Dallas	PA	18612-7227

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

Name of Employer	Occupation
Geisinger	Behavioral Neurology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : 39301969

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	378.34
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: (check only one)	PAGE 24 OF 42
	<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 Missoula State MT Zip Code 59808-8608

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : 39301975

Amount of Each Receipt this Period
 250.00

Memo Item

B. Dr. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 4732 Lost Creek Lane

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : 39301982

Amount of Each Receipt this Period
 100.00

Memo Item

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 ▼ 627.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : 39301983

Amount of Each Receipt this Period
 209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	559.00
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 25 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Lily Jung Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4785 Kitty Hawk Drive
 City Atlanta State GA Zip Code 30342-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Healthcare Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1249.98**

Date of Receipt **03 / 28 / 2016**
Transaction ID : 39301984
 Amount of Each Receipt this Period **416.66**
 Memo Item

B. 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 **03 / 28 / 2016**
Transaction ID : 39301985
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Dr. John C. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 South Hanley Rd, Unit # 50
 City Clayton State MO Zip Code 63105-2695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University School of Medici Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 28 / 2016**
Transaction ID : 39302538
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1016.66**
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 26 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

Name of Employer Occupation
Children's Hospital and Med. Center of Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.42

Date of Receipt
03 / 29 / 2016
Transaction ID : 39303866

Amount of Each Receipt this Period
186.46

Memo Item

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

Mailing Address 5843 E Middle Fork Rd

City State Zip Code
Idaho Falls ID 83406-8329

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

Name of Employer Occupation
Idaho Falls Neurology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 29 / 2016
Transaction ID : 39304193

Amount of Each Receipt this Period
1500.00

Memo Item

C. Dr. Sandra F. Olson
Full Name (Last, First, Middle Initial)

Mailing Address 201 E Huron St Ste 11-100

City State Zip Code
Chicago IL 60611-2968

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

Name of Employer Occupation
Retired Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 31 / 2016
Transaction ID : 39316881

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 2686.46

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 27 OF 42
(check only one)

<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. Mark Mintz

Mailing Address 20 Robin Lake Drive

City State Zip Code
Cherry Hill NJ 08003-2851

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

Name of Employer Occupation
The Center of Neurological Health Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2016

Transaction ID : 39383220

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$250.00

Full Name (Last, First, Middle Initial)
B.

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	30125.21

**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. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Derek Kilmer

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203901

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address Pob 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203902

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Raul Ruiz MD

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203903

Amount of Each Disbursement this Period

5000.00

Memo Item
Campaign Contribution

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

7000.00

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. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City State Zip Code
Dublin OH 43017

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 39203904

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Steve Scalise

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 39203905

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 39203906

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Jackie Walorski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203907

Amount of Each Disbursement this Period

2000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203908

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Van Hollen For Senate

Mailing Address 10605 Concord St Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203909

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

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

7000.00

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. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Mike K. Simpson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 39203910

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Yvette D. Clarke

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 39203911

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Richard L. Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 39203912

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

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

3000.00

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 Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Pat Toomey

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203914

Amount of Each Disbursement this Period

2000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203916

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Leadership PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203917

Amount of Each Disbursement this Period

1000.00

Memo Item
Leadership PAC Contribution

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

5500.00

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. Tim Murphy For Congress

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Tim F. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203918

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203919

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203921

Amount of Each Disbursement this Period

2500.00

Memo Item
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. 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

/ /

Transaction ID : 39203922

Amount of Each Disbursement this Period

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address PO Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Frederick Stephen Upton

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

/ /

Transaction ID : 39203925

Amount of Each Disbursement this Period

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. TRUST PAC

Mailing Address 104 Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Leadership PAC Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 39203926

Amount of Each Disbursement this Period

Memo Item
Leadership PAC Contribution

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

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. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203928

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 753908

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Joe Heck

Category/
Type

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203930

Amount of Each Disbursement this Period

5000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Sen. Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 39203933

Amount of Each Disbursement this Period

2000.00

Memo Item
Campaign Contribution

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

9500.00

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. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Void - Renee Ellmers For Congress Committee

011

Candidate Name
Rep. Renee Ellmers RN

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : 39212249

Amount of Each Disbursement this Period

-2500.00

Memo Item

Void - Renee Ellmers For Congress Committee

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Void - Volunteers For Shimkus

011

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : 39212250

Amount of Each Disbursement this Period

-2500.00

Memo Item

Void - Volunteers For Shimkus

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Void - Hudson For Congress

011

Candidate Name
Rep. Richard L. Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : 39212251

Amount of Each Disbursement this Period

-1000.00

Memo Item

Void - Hudson For Congress

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)
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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. Matsui For Congress

Mailing Address PO Box 1738

City State Zip Code
Sacramento CA 95812

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Doris Matsui

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : 39218205

Amount of Each Disbursement this Period

1500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Blumenthal For Connecticut

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

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Richard Blumenthal

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : 39218206

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City State Zip Code
Albuquerque NM 87125

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Martin T. Heinrich

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : 39218223

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

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

3500.00

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. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Michael C. Burgess M.D.

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: TX District: 26

Date of Disbursement

/ /

Transaction ID : 39218234

Amount of Each Disbursement this Period

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Dr. Matt Heinz For Arizona

Mailing Address P.O. Box 57698

City State Zip Code
Tucson AZ 85732

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Matthew Heinz

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: AZ District: 02

Date of Disbursement

/ /

Transaction ID : 39234410

Amount of Each Disbursement this Period

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Rep. Greg P. Walden

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: OR District: 02

Date of Disbursement

/ /

Transaction ID : 39234411

Amount of Each Disbursement this Period

Memo Item
Campaign Contribution

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

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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Pat J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : 39234412

Amount of Each Disbursement this Period

5000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Ben Ray Lujan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : 39234413

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Morgan H. Griffith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : 39234414

Amount of Each Disbursement this Period

5000.00

Memo Item
Campaign Contribution

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

11000.00

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. CHC BOLD PAC

Mailing Address 220 I St.
Suite 280

City Washington State DC Zip Code 20002

Purpose of Disbursement
Federal PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : 39234438

Amount of Each Disbursement this Period

5000.00

Memo Item
Federal PAC Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Brett Guthrie

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

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : 39234440

Amount of Each Disbursement this Period

1500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Michael C. Burgess M.D.

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 39255780

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Yvette D. Clarke

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 39255781

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Brad Ashford

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 39255783

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Void - Clarke For Congress

011

Category/
Type

Candidate Name

Rep. Yvette D. Clarke

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 39303873

Amount of Each Disbursement this Period

-1000.00

Memo Item
Void - Clarke For Congress

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

1000.00

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

70000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Mark Mintz		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 20 Robin Lake Drive		Transaction ID : 39204136
City Cherry Hill	State NJ	
Zip Code 08003-2851	Purpose of Disbursement Refund of contribution on 2/29/2016	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type 010	<input type="checkbox"/> Memo Item Refund of contribution on 2/29/2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Dr. Mark Mintz		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 20 Robin Lake Drive		Transaction ID : 39204148
City Cherry Hill	State NJ	
Zip Code 08003-2851	Purpose of Disbursement Refund of contribution on 2/29/2016	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type 010	<input type="checkbox"/> Memo Item Refund of contribution on 2/29/2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00