



**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="110614.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20843.99"/>	<input type="text" value="241868.70"/>
(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="131458.84"/>	<input type="text" value="389128.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14500.00"/>	<input type="text" value="272170.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116958.84"/>	<input type="text" value="116958.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18148.99	183908.75
(ii) Unitemized .....	2695.00	57459.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20843.99	241368.70
(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) .....	20843.99	241368.70
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))..... ▶	20843.99	241868.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20843.99	241868.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	270000.00
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	2170.00
(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	2170.00
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)) ..	14500.00	272170.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14500.00	272170.00

**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) .....	20843.99	241368.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20843.99	239198.70
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"/> 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. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Park Row West  
 Apt 621  
 City Providence State RI Zip Code 02903-1149  
 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 **3363.63**

Date of Receipt **08 / 01 / 2016**  
**Transaction ID : 39784686**  
 Amount of Each Receipt this Period **409.09**  
 Memo Item

**B. Dr. Nicholas Elwood Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Utah Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 02 / 2016**  
**Transaction ID : 39786737**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Dr. Jennifer M. Kwon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Burncoat Way  
 City Pittsford State NY Zip Code 14534-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 02 / 2016**  
**Transaction ID : 39791009**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>759.09</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 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**

**A. Dr. David Hale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15 VASSAR DR SE  
City ROME State GA Zip Code 30161-6201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harbin Clinic Occupation Neurologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2016  
**Transaction ID : 39791013**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. John B. Townsend**  
Full Name (Last, First, Middle Initial)  
Mailing Address 774 Christiana Rd Ste 201  
City Newark State DE Zip Code 19713-4221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Delaware Neuroscience Specialists Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2016  
**Transaction ID : 39791302**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Paul A. Rutecki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1685 Highland Ave 7th Fl Neurology Dept  
City Madison State WI Zip Code 53705-2281  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ WI of Madison Dept Neur Occupation Neurologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2016  
**Transaction ID : 39791706**  
Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 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. Allison L. Weathers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 Glencoe Avenue  
 City Evanston State IL Zip Code 60203-1935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RUMC Occupation RUMC Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 03 / 2016  
**Transaction ID : 39791783**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. 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 ▼ 672.00

Date of Receipt 08 / 03 / 2016  
**Transaction ID : 39801753**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. 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 ▼ 1463.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : 39823317**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	334.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. 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 ▼ **672.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2016

**Transaction ID : 39831509**

Amount of Each Receipt this Period  
**84.00**

Memo Item

**B. Dr. Lawrence W. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 254 Forrest Road

City Merion Station State PA Zip Code 19066-1606

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

Name of Employer The Children's Hospital of Philadelphi 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  
 08 / 08 / 2016

**Transaction ID : 39833425**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**C. Dr. Preston C. Calvert**  
Full Name (Last, First, Middle Initial)

Mailing Address 10112 New London Dr

City Potomac State MD Zip Code 20854-4849

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  
 08 / 08 / 2016

**Transaction ID : 39833427**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1384.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Andrew J. Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1317 Kenton Road

City State Zip Code  
Deerfield IL 60015-2311

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

Name of Employer Occupation  
Northwest Neurology 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  
08 / 08 / 2016  
**Transaction ID : 39833433**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Dr. Brian D. Loftus**  
Full Name (Last, First, Middle Initial)

Mailing Address 6700 West Loop S Ste 330

City State Zip Code  
Bellaire TX 77401-4138

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

Name of Employer Occupation  
Bellaire Neurology, PA 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  
08 / 08 / 2016  
**Transaction ID : 39834109**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Dr. John M. Hannam**  
Full Name (Last, First, Middle Initial)

Mailing Address 1329 S. 133 Street

City State Zip Code  
Omaha NE 68144-1201

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

Name of Employer Occupation  
Omaha Neurological Clinic, Inc. 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  
08 / 08 / 2016  
**Transaction ID : 39834114**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 30
	(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. Leonard Sahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5019 Elmgate

City Orchard Lake State MI Zip Code 48324-3014

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 / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

**Transaction ID : 39834116**

Amount of Each Receipt this Period  
500.00

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 ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

**Transaction ID : 39834170**

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 ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

**Transaction ID : 39834171**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 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. Michael J. Kushner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1110 Salem Street

City State Zip Code  
Wilson NC 27893-2137

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 ▼  
500.00

Date of Receipt  
08 / 08 / 2016  
**Transaction ID : 39837295**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Nassim Zecavati**  
Full Name (Last, First, Middle Initial)

Mailing Address 1920 N Dinwiddie St

City State Zip Code  
Arlington VA 22207-1930

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

Name of Employer Occupation  
Georgetown University Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
08 / 11 / 2016  
**Transaction ID : 39840052**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Dr. Michael J. Kaminski**  
Full Name (Last, First, Middle Initial)

Mailing Address 2307 Valley Brook Rd

City State Zip Code  
Nashville TN 37215-2016

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

Name of Employer Occupation  
Frist Clinic Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 11 / 2016  
**Transaction ID : 39840472**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 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**

**A. Dr. Richard D. Brower**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 Cincinnati Avenue  
 City El Paso State TX Zip Code 79902-2433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Tech University HSC Dept. of Neu Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : 39840493**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Dr. Jack H. Florin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 W Las Palmas Dr  
 City Fullerton State CA Zip Code 92835-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fullerton Neurology Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 13 / 2016**  
**Transaction ID : 39847061**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. Jaffar Khan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 Riverford Way  
 City Lawrenceville State GA Zip Code 30043-6416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.00**

Date of Receipt **08 / 15 / 2016**  
**Transaction ID : 39847967**  
 Amount of Each Receipt this Period **102.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>702.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 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**

**A. Dr. Steven Schadendorf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Taylor Blvd #301  
 City Pleasant Hill State CA Zip Code 94523-2160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology Medical Group of Diablo Vall Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : 39854069**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Dr. Maureen A. Callaghan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1603 Amethyst St SE  
 City Olympia State WA Zip Code 98501-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madigan Army Medical Center / Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : 39855380**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Dr. Bibhuti Mishra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Potomac Ave NW  
 City Washington State DC Zip Code 20016-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Fairfax Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : 39855381**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 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**

**A. Dr. Terrence L. Cascino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2931 Stone Park Dr NE  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : 39855382**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. 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 ▼ 555.55

Date of Receipt 08 / 18 / 2016  
**Transaction ID : 39856290**  
 Amount of Each Receipt this Period 111.11  
 Memo Item

**C. Dr. Tariq Jawaid Alam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1846 Winter Run Ct  
 City Chesterfield State MO Zip Code 63017-5674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Occupation Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : 39856291**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 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**

**A. Dr. William David Freeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4500 San Pablo Rd S

City Jacksonville State FL Zip Code 32224-1865

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

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : 39856535**

Amount of Each Receipt this Period 500.00

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 VA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : 39862341**

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 Rush Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : 39862342**

Amount of Each Receipt this Period 84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	684.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 30
	(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. 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 ▼ **3333.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2016  
**Transaction ID : 39862344**

Amount of Each Receipt this Period  
**416.66**

Memo Item

**B. Dr. Rada Petrinjac-Nenadic**  
Full Name (Last, First, Middle Initial)

Mailing Address 1765 Chapel Ridge Cv

City Cordova State TN Zip Code 38016-1800

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

Name of Employer Tri State Neurology Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2016  
**Transaction ID : 39862917**

Amount of Each Receipt this Period  
**350.00**

Memo Item

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

Mailing Address 4903 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016  
**Transaction ID : 39866358**

Amount of Each Receipt this Period  
**84.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>850.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Stanley J. Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 Ronds Pointe Dr. West  
 City State Zip Code  
 Tallahassee FL 32312-6788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tallahassee Neurology Associates Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016  
**Transaction ID : 39866360**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**B. Dr. Keith Coffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4119 W. 94th Terrace  
 City State Zip Code  
 Prairie Village KS 66207-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Children's Mercy Hospital Self  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016  
**Transaction ID : 39866361**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Dr. Lyell K. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 Scenic View Lane SW  
 City State Zip Code  
 Rochester MN 55902-2575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mayo MN Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2016  
**Transaction ID : 39866902**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. 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 ▼ 680.00

Date of Receipt 08 / 24 / 2016  
**Transaction ID : 39866916**

Amount of Each Receipt this Period 85.00

Memo Item

**B. 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 ▼ 1000.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 39868108**

Amount of Each Receipt this Period 125.00

Memo Item

**C. 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 ▼ 680.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 39868109**

Amount of Each Receipt this Period 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Gregory J. Esper**  
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

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

Name of Employer Emory Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 39868110**

Amount of Each Receipt this Period 42.00

Memo Item

**B. 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 ▼ 640.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 39868111**

Amount of Each Receipt this Period 80.00

Memo Item

**C. 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 ▼ 1600.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 39868112**

Amount of Each Receipt this Period 200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	322.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. 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 ▼ **680.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		25		2016

**Transaction ID : 39868113**

Amount of Each Receipt this Period  

85.00
-------

 Memo Item

**B. Dr. Ronald G. Emerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 E 71st St  
Belaire Bldg 5th Fl

City	State	Zip Code
New York	NY	10021-4839

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

Name of Employer	Occupation
Columbia-Presbyterian Med Ctr	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		25		2016

**Transaction ID : 39868197**

Amount of Each Receipt this Period  

1050.00
---------

 Memo Item

**C. Dr. Alireza Minagar**  
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City	State	Zip Code
Shreveport	LA	71115-4606

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

Name of Employer	Occupation
LA State University Health Sciences Ct	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2016

**Transaction ID : 39868523**

Amount of Each Receipt this Period  

42.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1177.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 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. Kenneth J. Gaines**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 Bay Poine Dr.

City Old Hickory State TN Zip Code 37138-1163

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 ▼ 1000.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 39869170**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Dr. Austin J. Sumner**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 Saint Charles Ave Apt 11A

City New Orleans State LA Zip Code 70130-3430

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

Name of Employer LSU Health Sci Ctr/Dept of Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 27 / 2016  
**Transaction ID : 39869266**

Amount of Each Receipt this Period 150.00

Memo Item

**C. 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 ▼ 1672.00

Date of Receipt 08 / 27 / 2016  
**Transaction ID : 39869267**

Amount of Each Receipt this Period 209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1359.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 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 R. Greeley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurological Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 28 / 2016**  
**Transaction ID : 39869360**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Dr. Glen R. Finney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 Homestead Dr  
 City Dallas State PA Zip Code 18612-7227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Occupation Behavioral Neurology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1666.72**

Date of Receipt **08 / 28 / 2016**  
**Transaction ID : 39869361**  
 Amount of Each Receipt this Period **208.34**  
 Memo Item

**C. Dr. John W. 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 **400.00**

Date of Receipt **08 / 28 / 2016**  
**Transaction ID : 39869362**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>308.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 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**

**A. Dr. Heidi B. Schwarz**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Gorham St

City Canandaigua State NY Zip Code 14424-1805

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

Name of Employer Unity Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016

**Transaction ID : 39869363**

Amount of Each Receipt this Period  
 100.00

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 ▼ **1672.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016

**Transaction ID : 39869366**

Amount of Each Receipt this Period  
 209.00

Memo Item

**C. Dr. Terry D. Fife**  
Full Name (Last, First, Middle Initial)

Mailing Address 9927 N. 123rd Street

City Scottsdale State AZ Zip Code 85259-6026

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

Name of Employer St. Joseph's Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016

**Transaction ID : 39869370**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>409.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 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. 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 ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : 39869371**

Amount of Each Receipt this Period  
 100.00

Memo Item

**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 ▼ **1567.72**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : 39869372**

Amount of Each Receipt this Period  
 186.46

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 ▼ **1672.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : 39869373**

Amount of Each Receipt this Period  
 209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>495.46</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 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 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 ▼ **3333.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : 39869374**

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 ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : 39869375**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address 4313 South Retana Avenue

City Broken Arrow State OK Zip Code 74011-1398

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

Name of Employer St. Francis Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2016  
**Transaction ID : 39869377**

Amount of Each Receipt this Period  
**50.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>566.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 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. 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 ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2016  
**Transaction ID : 39881992**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B. Dr. John Y. Choi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8601 Snowhill Court

City Potomac	State MD	Zip Code 20854-4410
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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 ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2016  
**Transaction ID : 39900520**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	18148.99

**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) <b>A. Paul Tonko For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 911 Central Avenue # 221		<b>Transaction ID : 39809866</b>
City Albany	State NY Zip Code 12206	
Purpose of Disbursement Campaign Contribution	Category/Type <b>011</b>	Amount of Each Disbursement this Period 1500.00
Candidate Name <b>Rep. Paul David Tonko</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Matsui For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address PO Box 1738		<b>Transaction ID : 39899736</b>
City Sacramento	State CA Zip Code 95812	
Purpose of Disbursement Campaign Contribution	Category/Type <b>011</b>	Amount of Each Disbursement this Period 3500.00
Candidate Name <b>Rep. Doris Matsui</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 06	

Full Name (Last, First, Middle Initial) <b>C. Tony Cardenas For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 249 E. Ocean Blvd. Suite 685		<b>Transaction ID : 39899737</b>
City Long Beach	State CA Zip Code 90802	
Purpose of Disbursement Campaign Contribution	Category/Type <b>011</b>	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Rep. Tony Cardenas</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 29	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> 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. SHORE PAC**

Mailing Address PO Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Leadership 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  
08 / 30 / 2016

**Transaction ID : 39899739**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Mike Thompson**

Office Sought:  House  Senate  President  
State: CA District: 05

Disbursement For: 2016  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

**Transaction ID : 39899740**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address PO Box 261172

City State Zip Code  
Hartford CT 06126

Purpose of Disbursement  
Campaign Contribution Funds Reported On August 20 Monthly

Candidate Name

**Rep. John B. Larson**

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

Disbursement For: 2016  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2016

**Transaction ID : 39910970**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution Funds Reported On August 20 Monthly

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

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

7500.00

**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. Larson For Congress**

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement  
Campaign Contribution Re-designated funds for trans. dated 7/12/2016

Candidate Name  
**Rep. John B. Larson**

Office Sought:  House  Senate  President  
State: CT District: 01  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
08 / 04 / 2016

**Transaction ID : 39910971**

Amount of Each Disbursement this Period

Memo Item  
Campaign Contribution Re-designated funds for trans. dated 7/12/2016

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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