Image# 15970303230 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	Torized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Academy of	Neurology BrainPAC		
ADDRESS (number and street)	401 C St NE		
Check if different than previously reported. (ACC)	Washington		DC 20002 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y.	STATE ▲ ZIP CODE ▲
C C00435933		S THIS EPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M7)	
Quarterly Report (PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (January 31 Year-End Report (Floatio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 0		through 02	28 2015
I certify that I have examined t	his Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Mr. Timothy J. Engel		
Signature of Treasurer Mr.	Timothy J. Engel	[Electronically Filed]	Date 03 / 18 / 2015
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
American Academy of Neurology	y BrainPAC	
Report Covering the Period: From:	02 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 02 / 28 / 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		114069.08
(b) Cash on Hand at Beginning of Reporting Period	109040.92	
(c) Total Receipts (from Line 19)	. 14206.01	49277.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 123246.93	163346.93
7. Total Disbursements (from Line 31)	49000.00	89100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74246.93	74246.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on		

×

Schedule C and/or Schedule D)

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

For further information contact:

0.00

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

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1 (entributions (other than loans) From:	Total Tills Fellou	Calelidai Teal-to-Date
(a)			
()	Than Political Committees		
	(i) Itemized (use Schedule A)	7634.00	28566.00
	(ii) Unitemized	6572.01	20711.85
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	14206.01	49277.85
		0.00	0.00
(b)	1	0.00	0.00
(c)		0.00	0.00
۱۱. /	(such as PACs)	3.00	0.00
(d)	,		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14206.01	49277.85
Tr	ansfers From Affiliated/Other		
	rty Committees	0.00	0.00
	., .		
All	Loans Received	0.00	0.00
Ιo	an Repayments Received	0.00	0.00
	fsets To Operating Expenditures		
	efunds, Rebates, etc.)		
	arry Totals to Line 37, page 5)	0.00	0.00
	funds of Contributions Made	7	7
to	Federal Candidates and Other		
Po	litical Committees	0.00	0.00
. Ot	her Federal Receipts		
	ividends, Interest, etc.)	0.00	0.00
	ansfers from Non-Federal and Levin Funds	,	,
(a)	Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
		0.00	
(b)	Levin Funds (from Schedule H5)	0.00	0.00
	T. I.T. (() I. () () () () () () () () () (0.00	
, ,	Total Transfers (add 18(a) and 18(b))	0.00	0.00

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(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
22.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	49000.00	89000.00
4.	Independent Expenditures (use Schedule E)	0.00	0.00
5.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	7 7	
	(use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	100.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	100.00
29.	Other Disbursements	0.00	0.00
RO.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	49000.00	89100.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	40000 00	00400.00
	from Line 31)	49000.00	89100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14206.01	49277.85
4. Total Contribution Refunds (from Line 28(d))	0.00	100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14206.01	49177.85
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

17

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Janice F. Wiesman Date of Receipt Mailing Address 330 E 38th Street 04 2015 Apt 14D City State Zip Code Transaction ID: 37868649 NY New York 10016-2768 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Boston University School of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Orly Avitzur Date of Receipt Mailing Address 815 Old Sleepy Hollow Rd Extension 02 07 2015 City State Zip Code Transaction ID: 37875293 Briarcliff NY 10510-2543 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jennifer J. Majersik Date of Receipt Mailing Address 1746 Yalecrest Ave 02 11 2015 City Zip Code State Transaction ID: 37897339 UT Salt Lake City 84108-1840 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation University of Utah Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 7 OF 17

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TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
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		13 14	15 16	17
any information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , ,		•	
NAME OF COMMITTEE (In Full)				

\rangle	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainPAC	
١.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane		Date of Receipt
	City Twinsburg FEC ID number of contributing federal political committee.	State Zip Code OH 44087-3808	02 15 2015 Transaction ID : 37901533 Amount of Each Receipt this Period 185.00
	Name of Employer Children's Hospital and Med. Center of Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 370.00	
3.	Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Mailing Address 34 Stonybrook Road City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Tenafly FEC ID number of contributing federal political committee.	NJ 07670-1118	Transaction ID : 37901536 Amount of Each Receipt this Period 416.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 832.00	
) .	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Mailing Address 1725 W Harrison St Ste 1106 City	State Zip Code	Date of Receipt Mark
	Chicago FEC ID number of contributing federal political committee.	IL 60612-3845	Amount of Each Receipt this Period
	Name of Employer Rush Univ. Med. Ctr. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 334.00	
s	UBTOTAL of Receipts This Page (optional)		768.00
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

17

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St 20 2015 City Zip Code State Transaction ID: 37930386 WA Mercer Island 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 416.00 federal political committee. Name of Employer Occupation Swedish Neurosci. Institute, Swedish H Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 832.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robyn G. Young Date of Receipt Mailing Address 5 Sandpiper Place 02 24 2015 City State Zip Code Transaction ID: 37932838 CA Alameda 94502-7419 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jeffrey A. Samuels Date of Receipt Mailing Address 2541 NE 35th St 02 23 2015 State Zip Code Transaction ID: 37932939 FL Lighthouse Point 33064-8156 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1666.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

17

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. David J. McDonald Date of Receipt Mailing Address 1539 N Halifax Ave 2015 24 City State Zip Code Transaction ID: 37933611 FL Daytona Beach 32118-3519 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Neurology Associates** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 02 25 2015 City State Zip Code Transaction ID: 37933655 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Bruce M. Cotugno Date of Receipt Mailing Address 104 Springbrooke Dr 02 25 2015 City State Zip Code Transaction ID: 37933661 PΑ Venetia 15367-1054 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Adult Neurology Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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category of the Summary Page	X	11a		11b	11c	12	
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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 Neurol	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. W D. Overfield Mailing Address 12525 35th St E		Date of Receipt
City Puyallup FEC ID number of contributing federal political committee.	State Zip Code WA 98372-2454	02 27 2015 Transaction ID : 37947379 Amount of Each Receipt this Period 1000.00
Name of Employer Self Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Pushpa Narayanaswami Mailing Address 506 Clinton Road	State 7in Code	Date of Receipt 02 28 2015
City Chestnut Hill FEC ID number of contributing federal political committee.	State Zip Code MA 02467-1419	Transaction ID : 37947708 Amount of Each Receipt this Period 500.00
Name of Employer Beth Israel Deaconess Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	1500.00
TOTAL This Period (last page this line numb	per only)	7634.00

S	CHEDULE B (FEC Form 3X)								
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			¬	
			Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	26 30b
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or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	e and add	ress of any politic	al committee to	solicit co	purpose (ntributions	from such	committ	1011S 86.
\setminus	NAME OF COMMITTEE (In Full)								
	American Academy of Neurology B	rainPA	C						
_	Full Name (Last, First, Middle Initial)				- .				
Α.	Friends Of John Boehner				Date of	f Disburse	D / Y	YY	Υ
	Mailing Address 7908 Cincinnati Dayton Road Suite I				02	0:	3	2015	
	,	State OH	Zip Code 45069		Trans	action ID	: 37868072		
	Purpose of Disbursement	011	45069						
	Campaign Contribution			011	Amoun	t of Each	Disburseme	nt this F	Period
	Candidate Name			Category/				5000	00
	Rep. John A. Boehner			Type		7	7	5000	.00
	Senate President	nent For: ; Primary Other (spe	General		Campai	gn Contrib	oution		
_	State: OH District: 08								
B	Full Name (Last, First, Middle Initial)				Data o	f Disburse	mont		
Ь.	The Freedom Project					_		V V	V
	Mailing Address 631-B Pennsylvania Avenue, SE				02	0		2015	Y
	Washington	State DC	Zip Code 20003		Trans	saction ID	: 37868075		
	Purpose of Disbursement Leadership PAC Contribution			011	Amoun	t of Each	Disburseme	nt this F	Period
	Candidate Name			Category/ Type				5000	.00
		nent For: Primary Other (spe	General cify) ▼		Leaders	ship PAC (Contribution		
С.	Full Name (Last, First, Middle Initial) Republican Main Street PAC				Date o	f Disburse	ment		
	Mailing Address 325 7th Street, NW Suite 610				02	/ 0:		2015	Y
	City	State DC	Zip Code 20004		Trans	saction ID	: 37868076		
	Purpose of Disbursement Coalition PAC Contribution								
	Candidate Name			011 Category/	Amoun	t of Each	Disburseme	nt this F	
	Office Sought: House Disbursen	ent For:		Туре		7	7		
	Senate	Primary Other (spe	General cify) ▼		Coalitio	n PAC Co	ntribution		
	State: District:								
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)							15000	.00

CHEDULE B (FEC Form 3X)	l		FOR LINE I	NUMBER: PAGE 12 OF 1
TEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)
		Summary Page	21b 27	22 X 23 24 25 22 28a 28b 28c 29 3
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any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may ne and add	not be sold or us dress of any politic	ed by any perso al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		71		
American Academy of Neurology E	BrainPA	С		
- Timenean Adademy of Nodrology E	, ann ,			
Full Name (Last, First, Middle Initial)				
 Scalise For Congress 				Date of Disbursement
Mailing Address PO Box 23219				02 03 2015
City	State	Zip Code		
Jefferson	LA	70183		Transaction ID: 37868077
Purpose of Disbursement				
Campaign Contribution			011	Amount of Each Disbursement this Period
Candidate Name			Category/	2500.00
Rep. Steve Scalise			Type	2500.00
	nent For:			
	Primary	General		Campaign Contribution
State: LA District: 01	Other (spe	ecny) 🔻		
Full Name (Last, First, Middle Initial)				
Michael Burgess For Congress				Date of Disbursement
Wichael Dargess For Congress				M M / D D / Y Y Y Y
Mailing Address PO Box 2334				02 03 2015
City	State	Zip Code		Transaction ID : 37868078
Denton	TX	76202		114113434101112 : 0700070
Purpose of Disbursement Campaign Contribution			011	Amount of Each Disbursement this Period
Candidate Name			011	Amount of Each dispursement this Period
Rep. Michael C. Burgess M.D.			Category/ Type	2500.00
	ment For:	2016	Туре	
	Primary	General		Campaign Contribution
President	Other (spe	ecify) 🔻		Campaign Commodicin
State: TX District: 26				
Full Name (Last, First, Middle Initial)				
Bucshon For Congress				Date of Disbursement
- Dacanon i oi Congress				
				M = M / D = D / Y = Y = Y
Mailing Address PO Box 250				
Mailing Address PO Box 250	State	Zin Code		M = M / D = D / Y = Y = Y
Mailing Address PO Box 250 City	State IN	Zip Code 47629		M = M / D = D / Y = Y = Y
Mailing Address PO Box 250 City S Newburgh Purpose of Disbursement				02 03 7 2015
Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Campaign Contribution			011	02 03 7 2015
Mailing Address PO Box 250 City S Newburgh Purpose of Disbursement Campaign Contribution Candidate Name			011 Category/	Transaction ID: 37868082 Amount of Each Disbursement this Period
Mailing Address PO Box 250 City Somewhard Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon MD	IN	47629		02 03 2015 Transaction ID : 37868082
Mailing Address PO Box 250 City S Newburgh Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon MD Office Sought: House Disburser	ment For:	47629 2016	Category/	Transaction ID: 37868082 Amount of Each Disbursement this Period 2500.00
Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon MD Office Sought: House Senate Disburser	nent For:	47629 2016 General	Category/	Transaction ID: 37868082 Amount of Each Disbursement this Period
Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon MD Office Sought: House Senate President Disburser	ment For:	47629 2016 General	Category/	Transaction ID: 37868082 Amount of Each Disbursement this Period 2500.00
Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon MD Office Sought: House Senate Disburser	nent For:	47629 2016 General	Category/	Transaction ID: 37868082 Amount of Each Disbursement this Period 2500.00
Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Campaign Contribution Candidate Name Rep. Larry Bucshon MD Office Sought: House Senate President Disburser	ment For: Primary Other (spe	47629 2016	Category/ Type	Transaction ID: 37868082 Amount of Each Disbursement this Period 2500.00

SCHEDULE B (FEC Form 3X)				OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25	26
Г		27	28a 28b 28c 29	30b
Any information copied from such Reports and Stator for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
American Academy of Neurology	BrainPAC			
Full Name (Last, First, Middle Initial)				
A. Lynn Jenkins For Congress			Date of Disbursement	Y
Mailing Address PO Box 1441			02 03 2015	
City	State Zip Code		Transaction ID : 37868083	
Topeka Purpose of Disbursement	KS 66601			
Campaign Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/	25	00.00
Rep. Lynn Jenkins Office Sought:	amont Fari 2040	Туре		
Senate President	ement For: 2016 Primary General Other (specify) ▼		Campaign Contribution	
State: KS District: 02				
Full Name (Last, First, Middle Initial)			Data of Dishara and	
B. Pallone For Congress			Date of Disbursement	
Mailing Address PO Box 3176			02 03 2015	ı Y
City Long Branch	State Zip Code NJ 07740		Transaction ID: 37868085	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/	25	00.00
Rep. Frank Pallone Jr.	_	Туре	20	00.00
	ement For: 2016 Primary General Other (specify) ▼		Campaign Contribution	
Full Name (Last, First, Middle Initial) C. Dr. Raul Ruiz For Congress			Date of Disbursement	
of Dr. Raul Rulz For Congress			M M / D D / Y Y Y	V
Mailing Address PO Box 3433			02 03 2015	
City Palm Desert	State Zip Code CA 92261		Transaction ID: 37868088	
Purpose of Disbursement				
Campaign Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/	25.	00.00
Rep. Raul Ruiz MD		Туре	23	00.00
Office Sought: House Disburs	ement For: 2016 Primary General Other (specify)		Campaign Contribution	
States OA Broatists 30				
SUBTOTAL of Disbursements This Page (optional		·····•	750	00.00
TOTAL This Period (last page this line number on	y)		7	

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER:	PAGE 14 OF 17			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		. 🖂			
	Detailed Summary Page	21b	22 X 23 2				
		27		8c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
American Academy of Neurology E	BrainPAC						
Full Name (Last, First, Middle Initial)							
A. Ami Bera For Congress	Date of Disbursement						
Mailing Address PO Box 582496			02 03	2015			
,	State Zip Code		Transaction ID: 3786	8092			
Elk Grove Purpose of Disbursement	CA 95758						
Campaign Contribution		011	Amount of Each Disbur	sement this Period			
Candidate Name		Category/		2500.00			
Rep. Ami Bera MD Office Sought: House Disburse	mont For: 0040	Туре	7	7			
Senate President	ment For: 2016 Primary General Other (specify) ▼		Campaign Contribution				
State: CA District: 07							
Full Name (Last, First, Middle Initial)							
Andy Harris For Congress			Date of Disbursement				
Mailing Address PO Box 426			02 03 2015				
Stevensville	State Zip Code MD 21666		Transaction ID: 3786	68094			
Purpose of Disbursement Campaign Contribution							
Candidate Name		Category/		1000.00			
Rep. Andy Harris		Type	7	1000.00			
	ment For: 2016 Primary General Other (specify) ▼		Campaign Contribution				
Full Name (Last, First, Middle Initial)							
Tammy Baldwin For Senate			Date of Disbursement 02				
Mailing Address P.O. Box 696							
City Madison	State Zip Code WI 53701		Transaction ID: 3786	88098			
Purpose of Disbursement Campaign Contribution 0			Amount of Each Disbursement this Per				
Candidate Name Sen. Tammy Baldwin Category/ Type							
			1000.0				
Senate President	ment For: 2018 Primary General Other (specify)		Campaign Contribution	,			
State: WI District: 02							
SUBTOTAL of Disbursements This Page (optional)		·····•		4500.00			
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SC	HEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:		PAGE	15 (OF 17
ITE	MIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)					
			Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	26 30b
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	NAME OF COMMITTEE (In Full)		-						
/	American Academy of Neurology B	rainPAC	>						
_	Full Name (Last, First, Middle Initial)				_				
Α.	Benishek For Congress, Inc.					Disburse			
	Mailing Address PO Box 108				02	00		2015	Y
	City	State	Zip Code		T		- 27000400		
	Gladstone	MI	49837		irans	action ID	: 37868100		
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	Candidate Name] "	Category/				1000	0.00
	Rep. Dan Benishek MD Office Sought: House Disbursen	nent For: 2	016	Type		7	- 7	. 500	
	Senate President	Primary Other (spec	General		Campai	gn Contrib	ution		
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	Full Name (Last, First, Middle Initial)				Date of	Disburse	ment		
٥.	Ryan For Congress, Inc.				M M	/ D		Y	V
	Mailing Address PO Box 1488				02 25 2015				
	Janesville	State WI	Zip Code 53547		Trans	action ID	: 37934250		
	Purpose of Disbursement Campaign Contribution			011	Amount	t of Each	Disburseme	nt this I	Period
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	Rep. Paul D. Ryan	aont For: -	Туре			7	7	2000	
	Senate	nent For: 2 Primary Other (spec	General		Campai	gn Contrib	oution		
	Full Name (Last, First, Middle Initial)								
C.	Upton For All Of Us			Date of Disbursement				V	
	Mailing Address P.O. Box 490				02 25 2015				
	City S St. Joseph	State MI	Zip Code 49085		Trans	action ID	: 37934251		
	Purpose of Disbursement								
	Campaign Contribution Candidate Name Rep. Frederick Stephen Upton Category/ Type			011	Amount	of Each	Disburseme	nt this I	Period
								2500	0.00
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	NAME OF COMMITTEE (In Full)								
	American Academy of Neurology B	rainPAC							
_	Full Name (Last, First, Middle Initial)								
Α.	Friends Of Schumer				Date of Disbursement				
	Mailing Address 192 Lexington Avenue Suite 1001				02	25		2015	
		State Zip Co			Transact	tion ID : 3	7934252		
	New York Purpose of Disbursement	NY 10016	<u> </u>		Transas		. 00 .202		
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	Sen. Charles E. Schumer Office Sought: House Disbursen	nent For: 2016		Туре		7	7		
	Senate President		General		Campaign	Contribution	on		
_	State: NY District:								
В.	Full Name (Last, First, Middle Initial) Pat Meehan For Congress				Date of Disbursement				
	Mailing Address 50 S Providence Road				02 25 2015				
	Media	State Zip Co PA 19063			Transac	tion ID : 3	7934254		
	Purpose of Disbursement Campaign Contribution 011				Amount of	burseme	nt this I	Period	
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	Rep. Patrick L. Meehan		Туре			7	7	1000	,.00
	Senate	nent For: 2016 Primary G Other (specify)	General		Campaign	Contributi	on		
_	Full Name (Last, First, Middle Initial)								
C.	Pete Sessions For Congress			Date of Disbursement					
	Mailing Address PO Box 823047				02 25 2015				
	•	State Zip Co			Transac	tion ID : 3	7934255		
	Purpose of Disbursement Campaign Contribution								
	Candidate Name Category			011	Amount of Each Disbursement this Period 1500.00				
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_	State: TX District: 32								
5	SUBTOTAL of Disbursements This Page (optional)			······• >			-	5500	.00
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SCHEDULE B (FEC Form 3X)	Llea canarata cabadula/a\	FOR LINE NUMBER: PAGE 17 OF 17					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30				
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NAME OF COMMITTEE (In Full) American Academy of Neurology B	rainPAC						
Full Name (Last, First, Middle Initial)							
Mccollum For Congress Mailing Address P.O. Box 14131	Date of Disbursement 02 25 2015						
,	itate Zip Code MN 55114		Transaction ID: 37934256				
Campaign Contribution		011	Amount of Each Disbursement this Period				
Candidate Name Rep. Betty McCollum		Category/ Type	1000.00				
Senate President	nent For: 2016 Primary General Other (specify) ▼		Campaign Contribution				
State: MN District: 04 Full Name (Last, First, Middle Initial) B. Friends Of Pat Toomey			Date of Disbursement				
Mailing Address 228 S. Washington St., Suite 115	02 25 2015						
Alexandria	tate Zip Code VA 22314		Transaction ID: 37934257				
Campaign Contribution	Purpose of Disbursement Campaign Contribution						
Candidate Name Sen. Pat Toomey		Category/ Type	1000.00				
Senate X	ent For: 2016 Primary General Other (specify) ▼		Campaign Contribution				
Full Name (Last, First, Middle Initial) Mike Kelly For Congress			Date of Disbursement Date of Disbursement Date of Disbursement 2015				
Mailing Address PO Box 476							
Lyndora	rtate Zip Code PA 16045		Transaction ID : 37934258				
Purpose of Disbursement Campaign Contribution Candidate Name Category/			Amount of Each Disbursement this Period				
Rep. Mike Kelly		Type	1000.00				
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SUBTOTAL of Disbursements This Page (optional)			3000.00				
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