

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 201 Chicago Avenue  
Check if different than previously reported. (ACC) Minneapolis MN 55415

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00435933 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 11 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 11 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Myren, Kevin C., Mr.,

Signature of Treasurer Myren, Kevin C., Mr., Date M M / D D / Y Y Y Y Y Y 12 / 13 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2023"/>		<input type="text" value="387221.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="386803.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="21955.41"/>	<input type="text" value="245536.65"/>
(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="408758.51"/>	<input type="text" value="632758.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20100.00"/>	<input type="text" value="244100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="388658.51"/>	<input type="text" value="388658.51"/>
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12732.41	192829.43
(ii) Unitemized .....	9223.00	52707.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21955.41	245536.65
(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) .....	21955.41	245536.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	21955.41	245536.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21955.41	245536.65

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	20000.00	244000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	100.00	100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(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)) ..	20100.00	244100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20100.00	244100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21955.41	245536.65
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21855.41	245436.65
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Douglas, Preston, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 S Hillview Dr  
 City Narragansett State RI Zip Code 02882-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newport Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2023  
**Transaction ID : 49261491**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Greenfield, L, John, Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Talcott Mountain Rd.  
 City Simsbury State CT Zip Code 06070-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UConn Health Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2023  
**Transaction ID : 49261900**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Choe, Meeryo, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10532 Jordan Ave  
 City Chatsworth State CA Zip Code 91311-2131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCLA Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2023  
**Transaction ID : 49261901**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.00
<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 7 OF 32
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Reynolds, Wesley, D., Dr.,**

Mailing Address 3735 Yates St

City Denver	State CO	Zip Code 80212-2040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Centura Health	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2023

**Transaction ID : 49261902**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Fullam, Timothy, R., Dr.,**

Mailing Address 2526 Castello Way

City San Antonio	State TX	Zip Code 78259-2681
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 81MDOS/SGOMU	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2023

**Transaction ID : 49352040**

Amount of Each Receipt this Period  
21.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Kinsella, Laurence, J., Dr.,**

Mailing Address 235 Rosemont Ave

City St. Louis	State MO	Zip Code 63104-2412
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Clare Neuroscience Institute	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2023

**Transaction ID : 49352041**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.00
<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 32
	<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. Antonio, Aileen, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 New Town Dr NE  
 City Grand Rapids State MI Zip Code 49525-3917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 49352980**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Prusinski, Christopher, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Lansing Island  
 City Indian Harbour Beach State FL Zip Code 32937-5354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christopher J Prusinski,DO,PA Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2023  
**Transaction ID : 49352983**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

**C. Stevens, James, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Allied Physicians, Inc. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2299.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2023  
**Transaction ID : 49352984**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	918.00
<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 9 OF 32
	<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. Bronder, Jay, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Merriweather Drive  
 Unit 5090  
 City Columbia State MD Zip Code 21044-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 49352989**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Carter, Jessica, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 E 44th St  
 City Savannah State GA Zip Code 31405-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Health University Medical Cen Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 49352990**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. D'Abreu, Anelyssa, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Reserve Blvd  
 Apt 404  
 City Charlottesville State VA Zip Code 22901-1599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 49353073**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<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 10 OF 32
	<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. De Havenon, Adam, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 York St  
 City New Haven State CT Zip Code 06510-3221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 49353074**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Ailani, Jessica, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1051 Gelston Circle  
 City McLean State VA Zip Code 22102-2136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medstar Georgetown Neurology Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 49355681**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Thornton, James, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14107 LAKE FOREST LN  
 City LOUISVILLE State KY Zip Code 40245-5214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baptist Medical Group Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 49356272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2584.00
<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 11 OF 32
	<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. Weathers, Allison, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8220 Woodberry Blvd  
 City Chagrin Falls State OH Zip Code 44023-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 49356273**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Chin, Jerome, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1046  
 City Tiburon State CA Zip Code 94920-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 49356274**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Singh, Neeraj, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 199-01 Epsom Course  
 City Hollis State NY Zip Code 11423-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 49369238**  
 Amount of Each Receipt this Period 101.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	243.00
<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 32
	<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. Antonio, Aileen, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 New Town Dr NE  
 City Grand Rapids State MI Zip Code 49525-3917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 11 / 09 / 2023  
**Transaction ID : 49369244**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. McCollum, David, N., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 737 Bent Creek Dr  
 City Lititz State PA Zip Code 17543-8352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Penn Medicine LGH Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2090.00

Date of Receipt  
 11 / 09 / 2023  
**Transaction ID : 49369246**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

**C. Mittal, Shilpi, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 Rose Glen Drive  
 City Wayne State PA Zip Code 19087-4410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 481.00

Date of Receipt  
 11 / 10 / 2023  
**Transaction ID : 49402341**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<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 32
	<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. Callaghan, Maureen, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 744 Mandee St. SE

City Lacey	State WA	Zip Code 98513-7755
---------------	-------------	------------------------

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

Name of Employer (for Individual) Franciscan Hospice and Palliative Care	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2023

**Transaction ID : 49404255**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Fee, Dominic, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Griffith Court

City Waukesha	State WI	Zip Code 53188-9570
------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2023

**Transaction ID : 49404267**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Davis, Anthony, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Pine Forest Drive

City Russellville	State AR	Zip Code 72801-4514
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Davis Neurology PLLC	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2023

**Transaction ID : 49404270**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<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 14 OF 32
	<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. Robbins, Matthew, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 Midvale Road  
 City Hartsdale State NY Zip Code 10530-3606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Weill Cornell Medicine Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2023  
**Transaction ID : 49404271**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Bickel, Jennifer, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5003 W Evelyn Drive  
 City Tampa State FL Zip Code 33609-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moffitt Cancer Center Magnolia Campus Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2023  
**Transaction ID : 49404272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Riaz, Awais, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1381 E. Hickory Lane  
 City Murray State UT Zip Code 84121-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2299.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 15 / 2023  
**Transaction ID : 49408419**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 32
	<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. Evans, David, A., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6722 Deloache Ave  
 City Dallas State TX Zip Code 75225-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Neurology Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1334.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : 49408421**  
 Amount of Each Receipt this Period 417.00  
 Memo Item

**B. Tanner, Caroline, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 Acton St  
 City Berkeley State CA Zip Code 94702-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PADRECC, San Francisco VAMC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 49409665**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Smith, Marsha, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5988 Capeview Pl  
 City Mason State OH Zip Code 45040-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Riverhills Neuroscience Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 49409666**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	702.00
<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 16 OF 32  
(check only one)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Clark, Lukas, T., Dr.,**

Mailing Address 5040 S Bittercreek Ave

City Meridian	State ID	Zip Code 83642-7971
------------------	-------------	------------------------

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

Name of Employer (for Individual) Saint Alphonsus Regional Medical Cente	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2023

**Transaction ID : 49413017**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Stavros, Kara, , Dr.,**

Mailing Address 140 Pitman Street  
Apt 105

City Providence	State RI	Zip Code 02906-5120
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Rhode Island Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
762.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2023

**Transaction ID : 49431936**

Amount of Each Receipt this Period  
42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Jozefowicz, Ralph, F., Dr.,**

Mailing Address 78 Lac Kine Drive

City Rochester	State NY	Zip Code 14618-5608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Rochester	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2023

**Transaction ID : 49432117**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.00
<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 32  
(check only one)

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

**A. Williams, David, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 Lansdowne Ave

City Decatur	State GA	Zip Code 30030-2801
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Laureate Medical Group	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2023

**Transaction ID : 49432469**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Anderson, Eric, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intensive Neuro	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2023

**Transaction ID : 49432470**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Finkel, Alan, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Stony Hill Rd

City Chapel Hill	State NC	Zip Code 27516-8112
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carolina Headache Institute	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2023

**Transaction ID : 49432483**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	734.00
<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 18 OF 32
	<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. Giurgiutiu, Dan, Victor, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3820 Inverness Way  
 City Augusta State GA Zip Code 30907-9029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Augusta University Medical Center Neur Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 49432499**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Traugott, Ute, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Fairlawn St White Plains Hospital  
 City Rye State NY Zip Code 10580-3245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) White Plains Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 49432500**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Patel, Chilvana, V., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8810 SAGER DR  
 City Houston State TX Zip Code 77096-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UTMB Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : 49432511**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<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 32
	<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. Mohile, Nimish, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 485 Clover Hills Drive  
 City Rochester State NY Zip Code 14618-4713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2502.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 49432914**  
 Amount of Each Receipt this Period 417.00  
 Memo Item

**B. Schwartzbard, Julie, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1007 South NorthLake Dr  
 City Hollywood State FL Zip Code 33019-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aventura Neurologic and Assoc. Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 49432915**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Silver, Brian, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Mayflower Ln  
 City Sharon State MA Zip Code 02067-2461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMass Memorial Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 49436237**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	751.00
<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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Khan, Jaffar, , Dr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2023 <b>Transaction ID : 49436246</b>		
Mailing Address 1185 Pine Ridge Rd NE			Amount of Each Receipt this Period 84.00		
City Atlanta	State GA	Zip Code 30324-2526	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Emory Healthcare		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 924.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hutchins, John, , Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2023 <b>Transaction ID : 49436251</b>		
Mailing Address 201 Chicago Ave			Amount of Each Receipt this Period 100.00		
City Minneapolis	State MN	Zip Code 55415-1126	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) American Academy of Neurology		Occupation (for Individual) General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Qazi, Faisal, M., Dr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2023 <b>Transaction ID : 49436930</b>		
Mailing Address 1240 West Valencia Mesa Drive			Amount of Each Receipt this Period 42.00		
City Fullerton	State CA	Zip Code 92833-2221	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) The Neurology Group		Occupation (for Individual) Neurologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 462.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	226.00
<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 32
	<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. Busis, Neil, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1065 2nd Ave, 7J  
 City New York State NY Zip Code 10022-2887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2023  
**Transaction ID : 49436931**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Mueller, Nancy, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Stonybrook Road  
 City Tenafly State NJ Zip Code 07670-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Institute of Neurological Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2299.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2023  
**Transaction ID : 49436932**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

**C. Bruns, Marla, Beth, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Blue Pine Circle  
 City Penfield State NY Zip Code 14526-9547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unity Rehabilitation & Neurology At Ri Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 49437033**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	667.66
<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 32
	<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. Greenfield, L, John, Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Talcott Mountain Rd.  
 City Simsbury State CT Zip Code 06070-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UConn Health Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 49438452**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Johnson, Karin, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Mattoon St  
 City Springfield State MA Zip Code 01105-1715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 49438467**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Elwood, Nicholas, Elwood, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11535 GREY OAKS ESTATES RUN  
 City Glen Allen State VA Zip Code 23059-5924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 49438585**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<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 32
	<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. Polchinski, Jason, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86 Butcher Ct  
 City Shepherdstown State WV Zip Code 25443-4330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Martinsburg VAMC Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 49438587**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Finney, Glen, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Geisinger Health Occupation (for Individual) Behavioral Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4587.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 49438588**  
 Amount of Each Receipt this Period 417.00  
 Memo Item

**C. Kissela, Brett, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9878 Zig Zag Drive  
 City Montgomery State OH Zip Code 45242-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Cincinnati Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2299.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 49438589**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	647.00
<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 24 OF 32
	<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. Frishberg, Benjamin, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5145 Seagrove Ct  
 City San Diego State CA Zip Code 92130-3208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Neurology Center of Southern Calif Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 49443628**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Loftus, Brian, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 West Loop S Ste 330  
 City Bellaire State TX Zip Code 77401-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bellaire Neurology, PA Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 49587530**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Tilton, Ann, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Pelham Dr  
 City Metairie State LA Zip Code 70005-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 49587531**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	634.00
<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 25 OF 32
	<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. Holtz, Steven, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

City Oakland	State CA	Zip Code 94611-2620
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2023

**Transaction ID : 49587532**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Koenig, Matthew, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Koko Head Ave

City Honolulu	State HI	Zip Code 96816-3234
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Queen's Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2023

**Transaction ID : 49587533**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Platzer, Meril, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28404 Foothill Drive

City Agoura Hills	State CA	Zip Code 91301-2242
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Dr. Meril S. Platzer	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2023

**Transaction ID : 49587534**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<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 26 OF 32
	<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. Kohrman, Michael, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31150 Fairmount Blvd  
 City Pepper Pike State OH Zip Code 44124-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Akron Children's Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 49587537**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Song, Sarah, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1253 Carriage Lane  
 City Northbrook State IL Zip Code 60062-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 49587538**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Jordan, Justin, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Independence Circle  
 City Beverly State MA Zip Code 01915-1578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 49587539**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 27 OF 32
	<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. Cutsforth-Gregory, Jeremy, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 Wimbledon Hills Dr SW  
 City Rochester State MN Zip Code 55902-4134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1132.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 49587540**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Jones, Lyell, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2055 Scenic View Lane SW  
 City Rochester State MN Zip Code 55902-2575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 49587541**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Posas, Jose, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1717 Jay St  
 City New Orleans State LA Zip Code 70122-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ochsner Baptist Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 922.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 49587542**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<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 28 OF 32
	<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. Ackerman, Daniel, Joseph, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4653 Commonwealth Dr.  
 City Emmaus    State PA    Zip Code 18049-1272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saint Luke's University Hospital    Occupation (for Individual) Neurologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 49587544**  
 Amount of Each Receipt this Period 93.75  
 Memo Item

**B. Janus, Todd, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 Muskogee Avenue  
 City Des Moines    State IA    Zip Code 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UP Health Physicians and Clinics    Occupation (for Individual) Neurologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 49587612**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Nikfarjam, Iraj, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 SE 7th AVE  
 City Ocala    State FL    Zip Code 34480-4760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual)    Occupation (for Individual)  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : 49601576**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	593.75
<b>TOTAL</b> This Period (last page this line number only).....	12732.41

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Neal Dunn**

Mailing Address PO Box 16088

City  
Panama City

State  
FL

Zip Code  
32406

Purpose of Disbursement  
Political Contribution-Recut of lost check

011

Category/  
Type

Candidate Name

Dunn, Neal, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2023			

FEC Identification Number

C00582304

Transaction ID : 49367383

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Political Contribution-Recut of lost check

Full Name (Last, First, Middle Initial)

**B. Buddy Carter For Congress**

Mailing Address PO Box 10570

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Carter, Buddy, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2023			

FEC Identification Number

C00543967

Transaction ID : 49367386

Amount of Each Disbursement this Period

5000.00
---------

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Tester, Jon, , Sen.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2023			

FEC Identification Number

C00412304

Transaction ID : 49367387

Amount of Each Disbursement this Period

2500.00
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Political Contribution

Memo Item

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

8500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Don Beyer

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Beyer, Don, , Rep., Jr.

Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 08

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Date: 11 / 08 / 2023

FEC Identification Number

C00555888

Transaction ID : 49367388

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Suozzi for Congress

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Suozzi, Tom, ,

Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 03

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Date: 11 / 08 / 2023

FEC Identification Number

C00607200

Transaction ID : 49369234

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Baldwin, Tammy, , Sen.,

Office Sought: [X] House [ ] Senate [ ] President
State: WI District: 02

Disbursement For: 2024
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement

Date: 11 / 28 / 2023

FEC Identification Number

C00326801

Transaction ID : 49438708

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item Political Contribution

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

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

6000.00

# 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"/> 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. Barragan For Congress**

Mailing Address 1840 South Gaffey Street #421

City San Pedro State CA Zip Code 90731

Purpose of Disbursement  
Political Contribution  011 Category/Type

Candidate Name

Barragan, Nanette, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CA District: 44

Date of Disbursement

/  /

11 / 28 / 2023

FEC Identification Number

C00577353

**Transaction ID : 49438709**

Amount of Each Disbursement this Period

1500.00

Memo Item  Political Contribution

Full Name (Last, First, Middle Initial)

**B. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
Political Contribution  011 Category/Type

Candidate Name

Matsui, Doris, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CA District: 06

Date of Disbursement

/  /

11 / 28 / 2023

FEC Identification Number

C00409219

**Transaction ID : 49438710**

Amount of Each Disbursement this Period

1000.00

Memo Item  Political Contribution

Full Name (Last, First, Middle Initial)

**C. Cole For Congress**

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Political Contribution  011 Category/Type

Candidate Name

Cole, Thomas, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: OK District: 04

Date of Disbursement

/  /

11 / 28 / 2023

FEC Identification Number

C00379735

**Transaction ID : 49438711**

Amount of Each Disbursement this Period

1000.00

Memo Item  Political Contribution

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

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Doggett For Congress</b>			Date of Disbursement MM / DD / YYYY 11 / 28 / 2023		
Mailing Address PO Box 5843			FEC Identification Number C C00286500 <b>Transaction ID : 49438712</b>		
City Austin	State TX	Zip Code 78763	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Political Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Doggett, Lloyd, , Rep.,		Disbursement For: 2024	Political Contribution <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 35		Memo Item <input type="checkbox"/>		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Citizens For Boyle</b>			Date of Disbursement MM / DD / YYYY 11 / 28 / 2023		
Mailing Address PO Box 11545			FEC Identification Number C C00543363 <b>Transaction ID : 49438714</b>		
City Philadelphia	State PA	Zip Code 19116	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Political Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Boyle, Brendan, F., Rep.,		Disbursement For: 2024	Political Contribution <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 02		Memo Item <input type="checkbox"/>		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20000.00