

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="114069.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="114069.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35071.84"/>	<input type="text" value="35071.84"/>
(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="149140.92"/>	<input type="text" value="149140.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40100.00"/>	<input type="text" value="40100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="109040.92"/>	<input type="text" value="109040.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: 01 / 01 / 2015 To: 01 / 31 / 2015

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).....	20932.00	20932.00
(ii) Unitemized	14139.84	14139.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	35071.84	35071.84
(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)	35071.84	35071.84
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))..... ▶	35071.84	35071.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35071.84	35071.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	40000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40100.00	40100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40100.00	40100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35071.84	35071.84
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34971.84	34971.84
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 17
	<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	<input type="checkbox"/> 17

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

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

A. Dr. Ann M. Hake
Full Name (Last, First, Middle Initial)
Mailing Address 4398 Asbury Street
City Indianapolis State IN Zip Code 46227-8608
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana University Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 04 / 2015
Transaction ID : 37770163
Amount of Each Receipt this Period 1000.00

B. Dr. Patrick M. Capone
Full Name (Last, First, Middle Initial)
Mailing Address 125A Medical Cir
City Winchester State VA Zip Code 22601-3322
FEC ID number of contributing federal political committee. **C**
Name of Employer Winchester Neurological Consultants, I Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 06 / 2015
Transaction ID : 37790545
Amount of Each Receipt this Period 1000.00

C. Dr. Charles W. Brock
Full Name (Last, First, Middle Initial)
Mailing Address 17307 San Aringo Pl
City Lutz State FL Zip Code 33548-4820
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2015
Transaction ID : 37810458
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Dr. Maureen A. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6059
 City Olympia State WA Zip Code 98507-6059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madigan Army Medical Center / Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2015
Transaction ID : 37823219
 Amount of Each Receipt this Period
250.00

B. Dr. Neil A. Busis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6934 Rosewood St
 City Pittsburgh State PA Zip Code 15208-2639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPP Department of Neurology-Shadyside Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2015
Transaction ID : 37823223
 Amount of Each Receipt this Period
5000.00

C. Dr. Daniel B. Hoch
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 South St
 City Rockport State MA Zip Code 01966-2351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MGH Professional Organization Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2015
Transaction ID : 37823293
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
 01 / 15 / 2015
Transaction ID : 37838841

Amount of Each Receipt this Period
416.00

B. Dr. Marc R. Nuwer
Full Name (Last, First, Middle Initial)

Mailing Address 711 Haverford Ave

City Pacific Palisades State CA Zip Code 90272-4313

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

Name of Employer UCLA Dept. of Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 01 / 15 / 2015
Transaction ID : 37839824

Amount of Each Receipt this Period
1250.00

C. Dr. Anna D. Hohler
Full Name (Last, First, Middle Initial)

Mailing Address 58 Morton Street

City Needham Heights State MA Zip Code 02494-1204

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

Name of Employer BUMC Dept. of Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 01 / 20 / 2015
Transaction ID : 37845541

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 2666.00

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

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

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

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

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

Mailing Address 9420 SE 54th St

City Mercer Island State WA Zip Code 98040-5121

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 37845559

Amount of Each Receipt this Period 416.00

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

Mailing Address 750 South Hanley Rd, Unit # 50

City Clayton State MO Zip Code 63105-2695

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

Name of Employer Washington University School of Medici Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 37846300

Amount of Each Receipt this Period 500.00

C. Dr. Christopher Prusinski
Full Name (Last, First, Middle Initial)

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 Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2015
Transaction ID : 37847280

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1916.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<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	<input type="checkbox"/> 17

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

A. Dr. James N. Goldenberg
Full Name (Last, First, Middle Initial)

Mailing Address 610 N Lakeside Dr

City Lake Worth State FL Zip Code 33460-3121

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

Name of Employer MSPB Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2015
Transaction ID : 37847303

Amount of Each Receipt this Period 1000.00

B. Dr. Barbara C. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 59100 Mound Road

City Washington Township State MI Zip Code 48094-2039

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

Name of Employer United Psychological Services Occupation Research Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2015
Transaction ID : 37847305

Amount of Each Receipt this Period 500.00

C. Dr. Gurdes Bedi
Full Name (Last, First, Middle Initial)

Mailing Address 1550 Amundson Lane

City Stillwater State MN Zip Code 55082-4135

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

Name of Employer St. Croix Regional Medical Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2015
Transaction ID : 37856256

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

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

A. Dr. Kenneth J. Villa
Full Name (Last, First, Middle Initial)
Mailing Address 4056 Saint James Pl
City San Diego State CA Zip Code 92103-1630
FEC ID number of contributing federal political committee. **C**
Name of Employer SHARP San Diego Health Care Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 28 / 2015
Transaction ID : 37856655
Amount of Each Receipt this Period
250.00

B. Dr. Todd J. Janus
Full Name (Last, First, Middle Initial)
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 UnityPoint Health Physicians Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
01 / 31 / 2015
Transaction ID : 37865274
Amount of Each Receipt this Period
1100.00

C. Dr. Laszlo Mechtler
Full Name (Last, First, Middle Initial)
Mailing Address 4785 Spaulding Drive
City Clarence State NY Zip Code 14031-1558
FEC ID number of contributing federal political committee. **C**
Name of Employer Dent Neurologic Institute Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 30 / 2015
Transaction ID : 37865905
Amount of Each Receipt this Period
1000.00
Part of Donation from Partners of Dent Neurologic Institute

SUBTOTAL of Receipts This Page (optional)..... ▶ 2350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Dr. Steve B. Dofitas
Full Name (Last, First, Middle Initial)

Mailing Address 5603 Country Club Lane

City Hamburg State NY Zip Code 14075-5842

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

Name of Employer DENT Neurologic Institute Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2015
Transaction ID : 37865907

Amount of Each Receipt this Period 500.00

Part of Donation from Partners of Dent Neurologic Institute

B. Dr. John M. Hourihane
Full Name (Last, First, Middle Initial)

Mailing Address 32 St Catherines Court B

City Buffalo State NY Zip Code 14222-1614

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

Name of Employer DENT Neurologic Institute Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2015
Transaction ID : 37866253

Amount of Each Receipt this Period 500.00

Part of Donation from Partners of Dent Neurologic Institute

C. Dr. Vernice E. Bates
Full Name (Last, First, Middle Initial)

Mailing Address 3980 Sheridan Dr Ste 101A

City Amherst State NY Zip Code 14226-1746

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

Name of Employer DENT Neurologic Institute Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 30 / 2015
Transaction ID : 37866255

Amount of Each Receipt this Period 500.00

Part of Donation from Partners of Dent Neurologic Institute

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
	<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	<input type="checkbox"/> 17

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

A. Dr. Bennett H. Myers
Full Name (Last, First, Middle Initial)
Mailing Address 51 Arcadian Drive
City West Amherst State NY Zip Code 14228-3735
FEC ID number of contributing federal political committee. **C**
Name of Employer DENT Neurologic Institute Occupation Neurologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 30 / 2015**
Transaction ID : 37866256
Amount of Each Receipt this Period **500.00**
Part of Donation from Partners of Dent Neurologic Institute

B. Dr. Nicolas Saikali
Full Name (Last, First, Middle Initial)
Mailing Address 52 Prince of Wales Ct
City Williamsville State NY Zip Code 14221-1900
FEC ID number of contributing federal political committee. **C**
Name of Employer DENT Neurologic Institute Occupation Neurologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 30 / 2015**
Transaction ID : 37866258
Amount of Each Receipt this Period **500.00**
Part of Donation from Partners of Dent Neurologic Institute

C. Dr. Marc Frost
Full Name (Last, First, Middle Initial)
Mailing Address 3980 Sheridan Dr
City Amherst State NY Zip Code 14226-1727
FEC ID number of contributing federal political committee. **C**
Name of Employer DENT Neurologic Institute Occupation Neurologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 30 / 2015**
Transaction ID : 37866260
Amount of Each Receipt this Period **500.00**
Part of Donation from Partners of Dent Neurologic Institute

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Dr. Jennifer McVige
Full Name (Last, First, Middle Initial)

Mailing Address 3980 Sheridan Dr
Headache Center 3rd Floor

City Amherst State NY Zip Code 14226-1727

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

Name of Employer DENT Neurologic Institute Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 30 / 2015
Transaction ID : **37866526**

Amount of Each Receipt this Period
500.00

Part of Donation from Partners of Dent Neurologic Institute

B. Dr. Bela Ajtai
Full Name (Last, First, Middle Initial)

Mailing Address 3980A Sheridan Drive

City Amherst State NY Zip Code 14226-1726

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

Name of Employer DENT Neurologic Institute Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 30 / 2015
Transaction ID : **37866527**

Amount of Each Receipt this Period
500.00

Part of Donation from Partners of Dent Neurologic Institute

C. DENT Neurologic Institute
Full Name (Last, First, Middle Initial)

Mailing Address 3980 Sheridan Drive

City Buffalo State NY Zip Code 14226

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 30 / 2015
Transaction ID : **37922960**

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]
Donation from restricted class through qualifying LLP. Donations attributed between eligible partner

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 15 OF 17
<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Nancy R. Barbas

Mailing Address 2301 Commonwealth Blvd Ste D, RM 1
Univ of MI, Michigan House, Neurol

City Ann Arbor State MI Zip Code 48105-2945

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : 37930340

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. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	20932.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
National Party Organization Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858494

Amount of Each Disbursement this Period

15000.00

National Party Organization Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street NE

City Washington State DC Zip Code 2000

Purpose of Disbursement
National Party Organization Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858495

Amount of Each Disbursement this Period

15000.00

National Party Organization Contribution

Full Name (Last, First, Middle Initial)

C. NewDemPAC

Mailing Address 700 13 St. NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Coalition PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858496

Amount of Each Disbursement this Period

5000.00

Coalition PAC Contribution

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

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

35000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Coalition PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858497

Amount of Each Disbursement this Period

5000.00

Coalition PAC Contribution

Full Name (Last, First, Middle Initial)

B. Republican Main Street PAC

Mailing Address 325 7th Street, NW
Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement
Coalition PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858499

Amount of Each Disbursement this Period

0.00

Coalition PAC Contribution

Full Name (Last, First, Middle Initial)

C. Republican Main Street PAC

Mailing Address 325 7th Street, NW
Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement
Void - Republican Main Street PAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37869492

Amount of Each Disbursement this Period

0.00

Void - Republican Main Street PAC

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

5000.00

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

40000.00