Image# 15970272291 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Use Only
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 1. NAME OF COMMITTEE (in full)	
American Academy of Neurology BrainPAC	ı
ADDRESS (number and street) 401 C St NE	
Check if different	
than previously reported. (ACC) Washington DC 200	002
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲	ZIP CODE ▲
C C00435933 3. IS THIS REPORT X (N) OR AMENDE (A)	D
4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: May 20 (M5) Aug 20 (M8) Aug 20 (M8) Aug 20 (M8) Sep 20 (M9)	Year Only)
(a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10)	(Non-Election Year Only)
April 15 Ouarterly Report (O1)	
July 15 Quarterly Report (Q2) (c) 12-Day Primary (12P) General (12G) PRE-Election Output (420)	Runoff (12R)
Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3)	
January 31 Year-End Report (YE) Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) (d) 30-Day POST-Election Report for the:	Special (30S)
Termination Report (TER)	in the State of
	Y Y Y Y 2015
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and comp	olete.
Type or Print Name of Treasurer Mr. Timothy J. Engel	
	19 2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the pena	alties of 2 U.S.C. §437g.
Office Use	C FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name American Academy of Neurology BrainPAC 01 2015 01 2015 Report Covering the Period: 01 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 114069.08 January 1, 2015 (b) Cash on Hand at 114069.08 Beginning of Reporting Period..... 35071.84 35071.84 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 149140.92 149140.92 6(a) and 6(c) for Column B)..... 40100.00 40100.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 109040.92 109040.92 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Co	ntributions (other than loans) From:		
(a)			
	Than Political Committees		2000000
	(i) Itemized (use Schedule A)	20932.00	20932.00
	(ii) Unitemized	14139.84	14139.84
	(iii) TOTAL (add	7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	Lines 11(a)(i) and (ii)▶	35071.84	35071.84
(h)	Political Party Committees	0.00	0.00
(b)	Other Political Committees		
(0)	(such as PACs)	0.00	0.00
(d)	<u> </u>		
,	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	35071.84	35071.84
. Tra	Insfers From Affiliated/Other		
Pa	rty Committees	0.00	0.00
. All	Loans Received	0.00	0.00
اما	on Donoumouto Dossius	0.00	0.00
	an Repayments Receivedsets To Operating Expenditures	0.00	0.00
	efunds, Rebates, etc.)		
	arry Totals to Line 37, page 5)	0.00	0.00
	funds of Contributions Made		
	Federal Candidates and Other		
Po	litical Committees	0.00	0.00
. Otl	ner Federal Receipts		
(Di	vidends, Interest, etc.)	0.00	0.00
. Tra	insfers 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
(D)	Levin Funds (nom Schedule H3)		7
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Carana Tour to Buto
	(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
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	40000.00	4000.00
	Independent Expenditures (use Schedule E)	0.00	0.00
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
	(use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	100.00	100.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	100.00	100.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i cuciai chare		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	Tatal Bishows are as (a 1111) as 24(1) 22		
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	40100.00	40100.00
	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	35071.84	35071.84
4. Total Contribution Refunds (from Line 28(d))	100.00	100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34971.84	34971.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:					PAGE	6	OF	17	
(che	ck only								
×	11a		11b		11c	12	2		
	13		14		15	16	6	17	

NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Ann M. Hoke	
Full Name (Last, First, Middle Initial)	
Dr. Ann M. Hake	Date of Receipt
Mailing Address 4398 Asbury Street	01 04 _ 2015 _
City State Zip Code	Transaction ID : 37770163
Indianapolis IN 46227-8608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation	_
Indiana University Neurologist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Aggregate Teal-to-Date ▼	
Other (specify) ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Patrick M. Capone	Date of Receipt
Mailing Address 125A Medical Cir	01 06 2015
City State Zip Code	Transaction ID : 37790545
Winchester VA 22601-3322	Amount of Each Receipt this Period
FFC ID symbol of contribution	
federal political committee.	1000.00
Name of Employer Occupation	
Winchester Neurological Consultants, I Physician	_
Receipt For: Aggregate Year-to-Date ▼	
Primary General SS S	
Other (specify) ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Charles W. Brock	Date of Receipt
Mailing Address 17307 San Aringo PI	01 08 2015
City State Zip Code	Transaction ID : 37810458
Lutz FL 33548-4820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
University of Florida Physician	_
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 250.00	
SURTOTAL of Receipts This Page (entions)	2250.00
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

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

I TON LINE	INCINIDELL	. IIAGL	. , 01	.,					
(check only one)									
X 11a	11b	11c	12						
13	14	15	16	17					

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Maureen A. Callaghan Mailing Address PO Box 6059		Date of Receipt
		01 10 2015
City	State Zip Code	Transaction ID: 37823219
Olympia	WA 98507-6059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Madigan Army Medical Center / Self	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	250.00	
Dr. Neil A. Busis Mailing Address 6934 Rosewood St		Date of Receipt 01 10 2015
City	State Zip Code	Transaction ID : 37823223
Pittsburgh	PA 15208-2639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer UPP Department of Neurology-Shadyside	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel B. Hoch	•	Date of Receipt
Mailing Address 143 South St		01 09 2015
City Rockport	State Zip Code MA 01966-2351	Transaction ID: 37823293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
MGH Professional Organization	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	•	5750.00
TOTAL This Period (last page this line number	er only)	

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

17

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 2015 City State Zip Code Transaction ID: 37838841 Tenafly NJ 07670-1118 Amount of Each Receipt this Period FEC ID number of contributing 416.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Marc R. Nuwer Date of Receipt Mailing Address 711 Haverford Ave 01 15 2015 City State Zip Code Transaction ID: 37839824 Pacific Palisades CA 90272-4313 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation UCLA Dept. of Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Anna D. Hohler Date of Receipt Mailing Address 58 Morton Street 01 20 2015 State Zip Code Transaction ID: 37845541 MA Needham Heights 02494-1204 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation BUMC Dept. of Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 2666.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson Date of Receipt Mailing Address 9420 SE 54th St 20 2015 City Zip Code State Transaction ID: 37845559 WA Mercer Island 98040-5121 Amount of Each Receipt this Period FEC ID number of contributing 416.00 federal political committee. Name of Employer Occupation Swedish Neurosci. Institute, Swedish H Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John C. Morris Date of Receipt Mailing Address 750 South Hanley Rd, Unit # 50 01 20 2015 City State Zip Code Transaction ID: 37846300 MO Clayton 63105-2695 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Washington University School of Medici Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Christopher Prusinski Date of Receipt Mailing Address 119 Lansing Island 2015 01 18 State Zip Code Transaction ID: 37847280 FL Indian Harbour Beach 32937-5354 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1916.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 10 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. James N. Goldenberg Date of Receipt Mailing Address 610 N Lakeside Dr 2015 City State Zip Code Transaction ID: 37847303 FL Lake Worth 33460-3121 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation MSPB Neurology Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Barbara C. Fisher Date of Receipt Mailing Address 59100 Mound Road 01 18 2015 City State Zip Code Transaction ID: 37847305 MI Washington Township 48094-2039 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation United Psychological Services Research Scientist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gurdesh Bedi Date of Receipt Mailing Address 1550 Amundson Lane 01 24 2015 City Zip Code State Transaction ID: 37856256 MN Stillwater 55082-4135 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation St. Croix Regional Medical Center Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
	Statements may not be sold or used by any pathe name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC	
Full Name (Last, First, Middle Initial) A. Dr. Kenneth J. Villa		Date of Receipt
Mailing Address 4056 Saint James PI		01 28 2015
City San Diego	State Zip Code CA 92103-1630	Transaction ID : 37856655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SHARP San Diego Health Care	Neurologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial)		1
B. Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskogee Avenue	01 31 2015	
City Des Moines	State Zip Code IA 50312-4627	Transaction ID : 37865274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1100.00
Name of Employer UnityPoint Health Physicians	Occupation Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00]
Full Name (Last, First, Middle Initial) C. Dr. Laszlo Mechtler		Date of Receipt
Mailing Address 4785 Spaulding Drive		01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clarence	State Zip Code NY 14031-1558	Transaction ID : 37865905
	1401 1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Dent Neurologic Institute	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Part of Donation from Partners of Dent Neurolog Institute
SUBTOTAL of Receipts This Page (optional)		2350.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 12 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Steve B. Dofitas Date of Receipt Mailing Address 5603 Country Club Lane 30 2015 City Zip Code State Transaction ID: 37865907 NY Hamburg 14075-5842 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **DENT Neurologic Institute** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Part of Donation from Partners of Dent Neurologic 500.00 Other (specify) Institute Full Name (Last, First, Middle Initial) B. Dr. John M. Hourihane Date of Receipt Mailing Address 32 St Catherines Court B 01 30 2015 City State Zip Code Transaction ID: 37866253 Buffalo NY 14222-1614 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **DENT Neurologic Institute** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Part of Donation from Partners of Dent Neurologic 500.00 Other (specify) Institute Full Name (Last, First, Middle Initial) c. Dr. Vernice E. Bates Date of Receipt Mailing Address 3980 Sheridan Dr Ste 101A 30 01 2015 City Zip Code State Transaction ID: 37866255 NY Amherst 14226-1746 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **DENT Neurologic Institute** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Part of Donation from Partners of Dent Neurologic 600.00 Other (specify) Institute 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAGE 13 OF	= 17
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	17

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\setminus	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ngy BrainPΔC	
	American Academy of Nedroic	by Braille AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Bennett H. Myers		Date of Receipt
	Mailing Address 51 Arcadian Drive		01 30 2015
	City	State Zip Code	Transaction ID: 37866256
	West Amherst	NY 14228-3735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	DENT Neurologic Institute	Neurologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	Part of Donation from Partners of Dent Neurolog Institute
B	Full Name (Last, First, Middle Initial) Dr. Nicolas Saikali		Date of Receipt
.	Mailing Address 52 Prince of Wales Ct		M = M / D = D / Y = Y = Y
	City	State Zip Code	01 30 2015 Transaction ID : 37866258
	Williamsville	NY 14221-1900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	DENT Neurologic Institute	Neurologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Part of Donation from Partners of Dent Neurolog Institute
	Full Name (Last, First, Middle Initial) Dr. Marc Frost		Date of Receipt
•	Mailing Address 3980 Sheridan Dr		01 30 2015
	City	State Zip Code	Transaction ID: 37866260
	Amherst	NY 14226-1727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	DENT Neurologic Institute	Neurologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	Part of Donation from Partners of Dent Neurolo Institute
			1500.00

	FOR LINE	E NUMBER	: PAGE	E 14 OF	17
Use separate schedule(s)	(check on	ly one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	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.

$\overline{\ }$	NAME OF COMMITTEE (In Full)	io name and address of any pointed committee t	o solicit contributions from such committee.			
\rangle	American Academy of Neurolo	gy BrainPAC				
۸.	Full Name (Last, First, Middle Initial) Dr. Jennifer McVige		Date of Receipt			
	Mailing Address 3980 Sheridan Dr Headache Center 3rd Floor	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Code	Transaction ID: 37866526			
	Amherst	NY 14226-1727	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer	Occupation	_			
	DENT Neurologic Institute	Neurologist				
	Receipt For:	Aggregate Year-to-Date ▼	1			
	Primary	500.00	Part of Donation from Partners of Dent Neurologic Institute			
	Full Name (Last, First, Middle Initial) Dr. Bela Ajtai	Date of Receipt				
٠.	Mailing Address 3980A Sheridan Drive		†			
	Mailing Address 3980A Sheridan Drive	01 30 2015				
	City	State Zip Code	Transaction ID : 37866527			
	Amherst	NY 14226-1726	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer	Occupation	-			
	DENT Neurologic Institute	Neurologist				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Part of Donation from Partners of Dent Neurologic Institute			
	Full Name (Last, First, Middle Initial) DENT Neurologic Institute		Date of Receipt			
Ο.	Mailing Address 3980 Sheridan Drive		01 30 _ 2015 _			
	City	State Zip Code	Transaction ID : 37922960			
	Buffalo	NY 14226	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	5000.00			
	Name of Employer	Occupation	_			
	Receipt For: Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM] Donation from restricted class through qualifying			
	Other (specify) ▼	5000.00	Donations attributed between eligible partner			
_	LIPTOTAL of Descipts This Dags (antional)		1000.00			

	FOR LINE NUMBER: PAGE	15 OF 17
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
=	13 14 15	ີ 16

	Statements may not be sold or used by any pers he name and address of any political committee to		
NAME OF COMMITTEE (In Full)			
American Academy of Neurolo	ogy BrainPAC		
<i>'</i>			
Full Name (Last, First, Middle Initial) 1. Dr. Nancy R. Barbas	Date of Receipt		
·	Mailing Address 2301 Commonwealth Blvd Ste D, RM 1		
Univ of MI, Michigan House.			
City			
Ann Arbor	MI 48105-2945	Transaction ID : 37930340 Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.	C	0.00	
·	Occupation		
Name of Employer	Occupation		
Receipt For:		·	
Receipt For: Primary General	Aggregate Year-to-Date ▼	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This	
Other (specify)	0.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00	
	0.00	5	
Full Name (Last, First, Middle Initial)	•		
3.		Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code		
		Amount of Each Receipt this Period	
FEC ID number of contributing	C		
federal political committee.			
Name of Employer	Occupation	1	
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General	55 -5 15 Edit 7		
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Full Name (Last, First, Middle Initial)		Date of Possint	
Mailing Address		Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code		
	·	Amount of Each Receipt this Period	
FEC ID number of contributing		1.15.pt 3.15 1 0.160	
federal political committee.	C		
	Occupation		
Name of Employer	Ουσματίστι		
Receipt For:	Annuarity Value / D. 1 =	-	
Primary General	Aggregate Year-to-Date ▼		
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~ v			
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SUBTOTAL of Receipts This Page (optional).		0.00	
<u> </u>		20000 20	
TOTAL This Period (last page this line number	er only)	20932.00	

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		Date of Disbursement Market	
PAC Zip Code 20002 For: ary General	011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Zip Code 20002 For:	Category/	Transaction ID: 37858494 Amount of Each Disbursement this Period	
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20002 For: ary General	Category/	Amount of Each Disbursement this Period 15000.00	
ry General	Category/	15000.00	
ry General			
ry General		National Party Organization Contribution	
ittee		Date of Disbursement	
Mailing Address Ronald Reagan Republican Center 425 2nd Street NE			
Zip Code 2000		Transaction ID: 37858495	
	011	Amount of Each Disbursement this Period	
	Category/ Type	15000.00	
ry General		National Party Organization Contribution	
Full Name (Last, First, Middle Initial) NewDemPAC		Date of Disbursement	
		01 28 2015	
Zip Code 20005		Transaction ID: 37858496	
	011 Category/	Amount of Each Disbursement this Period 5000.00	
ry General	Туре	Coalition PAC Contribution	
	Zip Code 2000 For: Try General Zip Code 20005 Zip Code 20005 General Zip Code 20005	Zip Code 2000 O11 Category/ Type For: ary General Zip Code 20005 O11 Category/ Type For: ary General	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 17 OF 17				
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	one) 22 28a	X 23 28b	24 25 2 28c 29 3	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) American Academy of Neurology B	rainPA0	0					
Full Name (Last, First, Middle Initial) A. Blue Dog Political Action Committee							
Blue Dog Political Action Committee			Date of	f Disburse			
Mailing Address 209 Pennsylvania Ave. SE			01 28 2015				
Washington	state DC	Zip Code 20003		Trans	action ID	: 37858497	
Purpose of Disbursement Coalition PAC Contribution			011	Amoun	t of Each	Disbursement this Period	
Candidate Name			Category/ Type			5000.00	
	nent For: Primary Other (spec	General cify) ▼	Турс	Coalitio	n PAC Co	ntribution	
Full Name (Last, First, Middle Initial) Republican Main Street PAC Mailing Address 325 7th Street, NW				Date of	f Disburse		
Suite 610				, .			
Washington	tate DC	Zip Code 20004		Trans	saction ID	: 37858499	
Purpose of Disbursement Coalition PAC Contribution			011	Amoun	t of Each	Disbursement this Period	
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Full Name (Last, First, Middle Initial) Republican Main Street PAC			f Disburse				
Mailing Address 325 7th Street, NW Suite 610				M M	2		
,	state DC	Zip Code 20004		Trans	saction ID	: 37869492	
Void - Republican Main Street PAC Candidate Name			011 Category/ Type	Amoun	t of Each	Disbursement this Period 0.00	
	nent For: Primary Other (spec	General □		Void - R	Republican	Main Street PAC	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				<u> </u>		5000.00	