

# 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 02 / 01 / 2022 through [MM] / [DD] / [YYYY] 02 / 28 / 2022

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

Signature of Treasurer Myren, Kevin C., Mr., [Electronically Filed] Date [MM] / [DD] / [YYYY] 03 / 18 / 2022

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="2022"/>		417087.94
(b) Cash on Hand at Beginning of Reporting Period.....	449511.60	
(c) Total Receipts (from Line 19) .....	24048.66	56472.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	473560.26	473560.26
7. Total Disbursements (from Line 31).....	73600.00	73600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	399960.26	399960.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:  /  /  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).....	17319.66	36185.32
(ii) Unitemized .....	6729.00	20287.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24048.66	56472.32
(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) .....	24048.66	56472.32
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)).....▶	24048.66	56472.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24048.66	56472.32

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	73500.00	73500.00
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)) ..	73600.00	73600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73600.00	73600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	24048.66	56472.32
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23948.66	56372.32
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: PAGE 6 OF 22  
(check only one)  
 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.

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

**A. 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 ▼ 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2022  
**Transaction ID : 47124830**  
 Amount of Each Receipt this Period  
 209.00  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2022  
**Transaction ID : 47132441**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Brin, Mitchell, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 San Antonio  
 City Newport Beach State CA Zip Code 92660-9115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allergan, Inc. / UC Irvine 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  
 02 / 06 / 2022  
**Transaction ID : 47140273**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 834.00  
**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 22
	<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. 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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2022

**Transaction ID : 47140306**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. 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
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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 ▼  
418.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2022

**Transaction ID : 47193989**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Garland, Erich, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5843 E Middle Fork Rd

City Idaho Falls	State ID	Zip Code 83406-8329
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Idaho Falls Neurology	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
02		13		2022

**Transaction ID : 47200024**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1709.00
<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 22
<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Neurology	Occupation (for Individual) COO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2022

**Transaction ID : 47200060**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Name of Employer (for Individual) University of Utah	Occupation (for Individual) Neurologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2022

**Transaction ID : 47214493**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Hake, Ann, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4398 Asbury Street

City Indianapolis	State IN	Zip Code 46227-8608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly & Co.	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2022

**Transaction ID : 47214513**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5418.00
<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 22
	<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. Kaufman, Joel, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Fenimore Rd

City Worcester	State MA	Zip Code 01609-1711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Neurologist
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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  
 02 / 14 / 2022

**Transaction ID : 47214518**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Varelas, Panayiotis, N., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Dedham Post

City Schenectady	State NY	Zip Code 12303-5275
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albany Med-Department of Neurology	Occupation (for Individual)
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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  
 02 / 09 / 2022

**Transaction ID : 47214520**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Spanaki-Varelas, Marianna, V., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Dedham Post

City Schenectady	State NY	Zip Code 12303-5275
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2022

**Transaction ID : 47214521**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 22
<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. Crandall, Suzanne, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 802 Wilkie Street

City Charleston	State WV	Zip Code 25314-1059
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Saint Lukes Neurological Consultants	Occupation (for Individual) Physician
---	--

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
02	/	09	/	2022

**Transaction ID : 47214522**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. McKinnon, Jonathan, Hart, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 N Buffalo Drive Suite B

City Las Vegas	State NV	Zip Code 89145-0301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Las Vegas Clinic	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2022

**Transaction ID : 47214524**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 7839 Boothill Dr

City Park City	State UT	Zip Code 84098-5322
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2022

**Transaction ID : 47218152**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 22
<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. Lyons, Paul, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Medical Circle

City Winchester	State VA	Zip Code 22601-3322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Winchester Neurological Consultants	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2022

**Transaction ID : 47219388**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. 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
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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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2022

**Transaction ID : 47219399**

Amount of Each Receipt this Period  
125.00

Memo Item

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

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2022

**Transaction ID : 47221587**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<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 22
	<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. 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
------------------	-------------	------------------------

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 ▼  
418.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2022

**Transaction ID : 47221605**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 167 LAKE LORRAINE DR

City SWANSEA	State IL	Zip Code 62226-2493
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

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
02		21		2022

**Transaction ID : 47221894**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3 Purdue Court

City Rockville	State MD	Zip Code 20850-1137
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mid-Atlantic Permanente Medical Group	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
02		23		2022

**Transaction ID : 47223214**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	709.00
<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 22
	<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. 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 ▼  
810.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		24		2022

**Transaction ID : 47223284**

Amount of Each Receipt this Period  
405.00

Memo Item

**B. 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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		25		2022

**Transaction ID : 47226417**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. 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 ▼  
833.32

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		25		2022

**Transaction ID : 47226418**

Amount of Each Receipt this Period  
416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1021.66
<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 14 OF 22
	<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. 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 ▼  
418.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		25		2022

**Transaction ID : 47226420**

Amount of Each Receipt this Period  
209.00

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 ▼  
418.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		26		2022

**Transaction ID : 47227996**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. 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	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		27		2022

**Transaction ID : 47228026**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	818.00
<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 22
	<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. Song, Sarah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2305 W Waveland Ave  
Apt 1W

City Chicago	State IL	Zip Code 60618-4803
-----------------	-------------	------------------------

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 ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2022

**Transaction ID : 47228055**

Amount of Each Receipt this Period  
110.00

Memo Item

**B. Johnson, 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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2022

**Transaction ID : 47228056**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2022

**Transaction ID : 47228061**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	485.00
<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 16 OF 22
	<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. McKinnon, Jonathan, Hart, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 N Buffalo Drive  
Suite B

City Las Vegas	State NV	Zip Code 89145-0301
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Las Vegas Clinic	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2022

**Transaction ID : 47296920**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Grant, Edmund, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13801 Bruce B Downs Blvd Ste 401

City Tampa	State FL	Zip Code 33613-3997
---------------	-------------	------------------------

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

Name of Employer (for Individual) Florida Medical Clinic	Occupation (for Individual) Neurologist
---	--

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
02		28		2022

**Transaction ID : 47296922**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Brandes, David, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 Fordham Way

City Knoxville	State TN	Zip Code 37934-3840
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hope Neurology	Occupation (for Individual) Neurologist
---	--

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
02		23		2022

**Transaction ID : 47296941**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<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 17 OF 22
	<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. Sacco, Ralph, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1379 North Venetian Way

City Miami Beach	State FL	Zip Code 33139-1139
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Miller School of Medicine - Univ of Mi	Occupation (for Individual) Neurologist
---	--

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
02		23		2022

**Transaction ID : 47296942**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 130 J F K Drive

City Lake Worth	State FL	Zip Code 33462-1141
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Miami	Occupation (for Individual) Neurologist
--	--

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
02		24		2022

**Transaction ID : 47296943**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 20583 Trappe Rd

City Upperville	State VA	Zip Code 20184-3021
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Veterans Administration	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
02		27		2022

**Transaction ID : 47296944**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 18 OF 22  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Boggaram, Bhagya, G., Dr.,**

Mailing Address 737 silver lake drive

City Keller	State TX	Zip Code 76248-1407
----------------	-------------	------------------------

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

Name of Employer (for Individual) Texoma Neurology	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	23	/	2022

**Transaction ID : 47381913**

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	17319.66

**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. CHC BOLD PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address PO Box 15096		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222388</b>	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Blue Dog Political Action Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address 412 First Street SE, Suite 100		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222389</b>	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. New Democrat Coalition Action Fund</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address 5304 McKinley Street		FEC Identification Number C C00409730 <b>Transaction ID : 47222390</b>	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 5000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Tuesday Group PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address P.O. Box 11586		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222391</b> Amount of Each Disbursement this Period 5000.00 Political Contribution	
City Washington	State DC	Zip Code 20008	Category/ Type 011
Purpose of Disbursement Political Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Republican Main Street PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address 325 7th Street, NW Suite 610		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222393</b> Amount of Each Disbursement this Period 5000.00 Political Contribution	
City Washington	State DC	Zip Code 20004	Category/ Type 011
Purpose of Disbursement Political Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. VIEWPAC</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022	
Mailing Address 3106 Russell Road		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222394</b> Amount of Each Disbursement this Period 5000.00 Political Contribution	
City Alexandria	State VA	Zip Code 22305	Category/ Type 011
Purpose of Disbursement Political Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Democratic Congressional Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022
Mailing Address 430 South Capitol St. SE 2nd Floor		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222395</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Political Contribution	Category/Type 011	Amount of Each Disbursement this Period 5000.00 Political Contribution
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022
Mailing Address 320 First Street SE		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222397</b>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Political Contribution	Category/Type 011	Amount of Each Disbursement this Period 5000.00 Political Contribution
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Democratic Senatorial Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022
Mailing Address 120 Maryland Ave. NE		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222398</b>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Political Contribution	Category/Type 011	Amount of Each Disbursement this Period 15000.00 Political Contribution
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. National Republican Senatorial Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022
Mailing Address Ronald Reagan Republican Center 425 2nd Street NE		FEC Identification Number C [REDACTED] <b>Transaction ID : 47222399</b>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 15000.00 Political Contribution
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Burgess For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022
Mailing Address PO Box 2334		FEC Identification Number C C00372532 <b>Transaction ID : 47222601</b>
City Denton	State TX	Zip Code 76202
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2500.00 Political Contribution
Candidate Name <b>Burgess, Michael, C., Rep., M.D.</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 26		

Full Name (Last, First, Middle Initial) <b>C. Doggett For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2022
Mailing Address PO Box 5843		FEC Identification Number C C00286500 <b>Transaction ID : 47222602</b>
City Austin	State TX	Zip Code 78763
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00 Political Contribution
Candidate Name <b>Doggett, Lloyd, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 35		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	73500.00