

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) [X] NEW (N) [ ] AMENDED (A)

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

5. Covering Period 08 / 01 / 2023 through 08 / 31 / 2023

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

Signature of Treasurer Myren, Kevin C., Mr., Date 09 / 19 / 2023

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="387221.86"/>	<input type="text" value="387221.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="407505.20"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9733.41"/>	<input type="text" value="201016.75"/>
(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="417238.61"/>	<input type="text" value="588238.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19500.00"/>	<input type="text" value="190500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="397738.61"/>	<input type="text" value="397738.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8188.41	162782.53
(ii) Unitemized .....	1545.00	38234.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9733.41	201016.75
(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) .....	9733.41	201016.75
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)).....▶	9733.41	201016.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9733.41	201016.75

**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.....	19500.00	190500.00
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 .....	0.00	0.00
(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)).....	0.00	0.00
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)) ..	19500.00	190500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19500.00	190500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9733.41	201016.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9733.41	201016.75
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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Nair, Kavita, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8248 South Emerson Way  
 City Littleton State CO Zip Code 80122-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) Neurologic Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 48944002**  
 Amount of Each Receipt this Period 84.00  
 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  
 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 ▼ 1600.00

Date of Receipt 08 / 01 / 2023  
**Transaction ID : 48944003**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Reynolds, Wesley, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3735 Yates St  
 City Denver State CO Zip Code 80212-2040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centura Health Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 48944852**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	534.00
<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 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kinsella, Laurence, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Rosemont Ave  
 City St. Louis State MO Zip Code 63104-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Clare Neuroscience Institute Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : 48947418**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. 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 ▼ 1672.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 48974767**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**C. Kilgore, Shannon, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Doud Dr  
 City Los Altos State CA Zip Code 94022-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Palo Alto HCS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 48974768**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	377.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Stavros, Kara, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Pitman Street  
 Apt 105  
 City Providence State RI Zip Code 02906-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 594.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 48975661**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carter, Jessica, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 E 44th St  
 City Savannah State GA Zip Code 31405-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Health University Medical Cen Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 05 / 2023  
**Transaction ID : 48975665**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. De Havenon, Adam, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 York St  
 City New Haven State CT Zip Code 06510-3221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 06 / 2023  
**Transaction ID : 48975677**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. D'Abreu, Anelyssa, , Dr.,</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2023 <b>Transaction ID : 48975678</b>
Mailing Address 220 Reserve Blvd Apt 404		Amount of Each Receipt this Period 42.00
City Charlottesville	State VA	Zip Code 22901-1599
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University of Virginia	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Thornton, James, B., Dr.,</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2023 <b>Transaction ID : 48975706</b>
Mailing Address 14107 LAKE FOREST LN		Amount of Each Receipt this Period 42.00
City LOUISVILLE	State KY	Zip Code 40245-5214
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Baptist Medical Group	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Weathers, Allison, L., Dr.,</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2023 <b>Transaction ID : 48975707</b>
Mailing Address 8220 Woodberry Blvd		Amount of Each Receipt this Period 100.00
City Chagrin Falls	State OH	Zip Code 44023-4526
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1236.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.00
<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 27
<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. Chin, Jerome, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1046

City Tiburon	State CA	Zip Code 94920-4046
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2023

**Transaction ID : 48975708**

Amount of Each Receipt this Period  
42.00

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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2023

**Transaction ID : 48976229**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 737 Bent Creek Dr

City Lititz	State PA	Zip Code 17543-8352
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Penn Medicine LGH	Occupation (for Individual) Neurologist
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2023

**Transaction ID : 48976230**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	451.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Mittal, Shilpi, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 Rose Glen Drive  
 City Wayne State PA Zip Code 19087-4410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 08 / 10 / 2023  
**Transaction ID : 48977484**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Hessler, Amy, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 Lynnhaven Terr  
 City Jacksonville State FL Zip Code 32223-6504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 48981043**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Riggins, Nina, Yakovlevna, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3218 Via Alicante  
 City La Jolla State CA Zip Code 92037-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSF Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 08 / 04 / 2023  
**Transaction ID : 48981047**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	771.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Goldman, Max, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 05 / 2023 <b>Transaction ID : 48981048</b>		
Mailing Address 201 Chicago Avenue			Amount of Each Receipt this Period 10.00		
City Minneapolis	State MN	Zip Code 55415-1126	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 210.00		
Name of Employer (for Individual) American Academy of Neurology		Occupation (for Individual) Director, Congressional Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fong, Joanna, S., Dr.,</b>			Date of Receipt MM / DD / YYYY 08 / 05 / 2023 <b>Transaction ID : 48981050</b>		
Mailing Address 3420 Lashan Dr.			Amount of Each Receipt this Period 500.00		
City Murrysville	State PA	Zip Code 15668-9480	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) UPMC		Occupation (for Individual) Neurologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Callaghan, Maureen, A., Dr.,</b>			Date of Receipt MM / DD / YYYY 08 / 11 / 2023 <b>Transaction ID : 48982559</b>		
Mailing Address 744 Mandee St. SE			Amount of Each Receipt this Period 125.00		
City Lacey	State WA	Zip Code 98513-7755	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 375.00		
Name of Employer (for Individual) Franciscan Hospice and Palliative Care		Occupation (for Individual) Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Davis, Anthony, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Pine Forest Drive  
 City Russellville State AR Zip Code 72801-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Davis Neurology PLLC Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 13 / 2023  
**Transaction ID : 48984223**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Bickel, Jennifer, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5003 W Evelyn Drive  
 City Tampa State FL Zip Code 33609-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moffitt Cancer Center Magnolia Campus Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 13 / 2023  
**Transaction ID : 48984225**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Riaz, Awais, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1381 E. Hickory Lane  
 City Murray State UT Zip Code 84121-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : 48987278**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
<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. Tanner, Caroline, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3011 Acton St

City Berkeley	State CA	Zip Code 94702-2706
------------------	-------------	------------------------

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

Name of Employer (for Individual) PADRECC, San Francisco VAMC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2023

**Transaction ID : 48987813**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 5988 Capeview PI

City Mason	State OH	Zip Code 45040-7505
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Riverhills Neuroscience	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2023

**Transaction ID : 48987814**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 140 Pitman Street  
Apt 105

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
636.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2023

**Transaction ID : 49009153**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	327.00
<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 27
	<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. 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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2023

**Transaction ID : 49018023**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
------------------	-------------	------------------------

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 ▼  
1672.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2023

**Transaction ID : 49018093**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 485 Clover Hills Drive

City Rochester	State NY	Zip Code 14618-4713
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Rochester Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1251.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2023

**Transaction ID : 49018128**

Amount of Each Receipt this Period  
417.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	876.00
<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 27
	<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. Schwartzbard, Julie, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1007 South NorthLake Dr  
 City Hollywood State FL Zip Code 33019-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aventura Neurologic and Assoc. Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 21 / 2023  
**Transaction ID : 49018129**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Khan, Jaffar, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1185 Pine Ridge Rd NE  
 City Atlanta State GA Zip Code 30324-2526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory Healthcare Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 23 / 2023  
**Transaction ID : 49059113**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Holtz, Steven, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2009 Tampa Avenue  
 City Oakland State CA Zip Code 94611-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 24 / 2023  
**Transaction ID : 49061549**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hutchins, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Chicago Ave  
 City Minneapolis State MN Zip Code 55415-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Academy of Neurology Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2023  
**Transaction ID : 49061550**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 3333.28

Date of Receipt 08 / 25 / 2023  
**Transaction ID : 49064467**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. 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 ▼ 1672.00

Date of Receipt 08 / 25 / 2023  
**Transaction ID : 49064469**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.66
<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 18 OF 27
<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. Qazi, Faisal, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Neurology Group Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 25 / 2023  
**Transaction ID : 49064470**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Sico, Jason, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 Redcoat Lane  
 City Guilford State CT Zip Code 06437-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin Occupation (for Individual) Clinical Reasearch Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 08 / 25 / 2023  
**Transaction ID : 49064471**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Bruns, Marla, Beth, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Blue Pine Circle  
 City Penfield State NY Zip Code 14526-9547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unity Rehabilitation & Neurology At Ri Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 27 / 2023  
**Transaction ID : 49066821**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 1000.00

Date of Receipt: 08 / 28 / 2023  
**Transaction ID : 49066887**  
 Amount of Each Receipt this Period: 125.00  
 Memo Item

**B. Finney, Glen, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 Homestead Dr  
 City: Dallas, State: PA, Zip Code: 18612-7227  
 FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual): Geisinger Health, Occupation (for Individual): Behavioral Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3336.00

Date of Receipt: 08 / 28 / 2023  
**Transaction ID : 49066889**  
 Amount of Each Receipt this Period: 417.00  
 Memo Item

**C. Kissela, Brett, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9878 Zig Zag Drive  
 City: Montgomery, State: OH, Zip Code: 45242-6311  
 FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual): University of Cincinnati Hospital, Occupation (for Individual): Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt: 08 / 28 / 2023  
**Transaction ID : 49066892**  
 Amount of Each Receipt this Period: 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	751.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
	<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. 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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2023

**Transaction ID : 49081696**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Cooper, Gregory, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3707 Fringe Tree Place

City Louisville	State KY	Zip Code 40241-3060
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Norton Neuroscience Institute	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
08		05		2023

**Transaction ID : 49081698**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 30 Pelham Dr

City Metairie	State LA	Zip Code 70005-4454
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2023

**Transaction ID : 49081758**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Holtz, Steven, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2009 Tampa Avenue  
 City Oakland State CA Zip Code 94611-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **08 / 06 / 2023**  
**Transaction ID : 49081759**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ghiaseddin, Ashley, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8511 SW 77th AVE  
 City Gainesville State FL Zip Code 32608-8495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 06 / 2023**  
**Transaction ID : 49081761**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. 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 ▼ 750.00

Date of Receipt **08 / 07 / 2023**  
**Transaction ID : 49081766**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<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 22 OF 27
	<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. Platzer, Meril, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28404 Foothill Drive  
 City Agoura Hills State CA Zip Code 91301-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dr. Meril S. Platzer Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 07 / 2023  
**Transaction ID : 49081767**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Jordan, Justin, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Independence Circle  
 City Beverly State MA Zip Code 01915-1578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 49081769**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Cutsforth-Gregory, Jeremy, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 Wimbledon Hills Dr SW  
 City Rochester State MN Zip Code 55902-4134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 08 / 22 / 2023  
**Transaction ID : 49081770**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
	<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. Jones, Lyell, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2055 Scenic View Lane SW  
 City Rochester State MN Zip Code 55902-2575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 23 / 2023  
**Transaction ID : 49081771**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Posas, Jose, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1717 Jay St  
 City New Orleans State LA Zip Code 70122-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ochsner Baptist Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 08 / 24 / 2023  
**Transaction ID : 49081772**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Ackerman, Daniel, Joseph, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4653 Commonwealth Dr.  
 City Emmaus State PA Zip Code 18049-1272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saint Luke's University Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.75

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 49081774**  
 Amount of Each Receipt this Period 93.75  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	261.75
<b>TOTAL</b> This Period (last page this line number only).....▶	8188.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa Delauro

Mailing Address 129 Church St, Ste 818

City New Haven

State CT

Zip Code 06510

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

DeLauro, Rosa, L., Rep.,

Office Sought: [X] House, [ ] Senate, [ ] President

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

State: CT District: 03

Date of Disbursement

Date: 08 / 15 / 2023

FEC Identification Number

C00238865

Transaction ID : 48987575

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison

State WI

Zip Code 53701

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: [X] House, [ ] Senate, [ ] President

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

State: WI District: 02

Date of Disbursement

Date: 08 / 15 / 2023

FEC Identification Number

C00502179

Transaction ID : 48987576

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Caraveo For Congress

Mailing Address PO Box 953

City Eastlake

State CO

Zip Code 80614

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Caraveo, Yadira, , ,

Office Sought: [X] House, [ ] Senate, [ ] President

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

State: CO District: 08

Date of Disbursement

Date: 08 / 15 / 2023

FEC Identification Number

C00787788

Transaction ID : 48987577

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item Political Contribution

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

7500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Dr Kim Schrier For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Mailing Address 3020 Issaquah Pine Lake Rd Se  
Box 331

FEC Identification Number

C	C00652628
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**Transaction ID : 48987578**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  Political Contribution

City Sammamish State WA Zip Code 98075

Purpose of Disbursement Political Contribution  011 Category/Type

Candidate Name

Schrier, Kim, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: WA District: 08

Full Name (Last, First, Middle Initial)

**B. Andy Harris For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Mailing Address PO Box 426

FEC Identification Number

C	C00435974
---	-----------

**Transaction ID : 48987579**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  Political Contribution

City Stevensville State MD Zip Code 21666

Purpose of Disbursement Political Contribution  011 Category/Type

Candidate Name

Harris, Andy, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: MD District: 01

Full Name (Last, First, Middle Initial)

**C. Dwight Evans For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Mailing Address 415 New Jersey Ave SE  
Unit 1

FEC Identification Number

C	C00591065
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**Transaction ID : 48987581**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  Political Contribution

City Washington State DC Zip Code 20003

Purpose of Disbursement Political Contribution  011 Category/Type

Candidate Name

Evans, Dwight, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: PA District: 03

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

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

4500.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City  
San Bernardino

State  
CA

Zip Code  
92423

Purpose of Disbursement

Political Contribution

011

Candidate Name

Aguilar, Pete, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2023

FEC Identification Number

C C00510461

**Transaction ID : 48987607**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

**B. Elizabeth Pannill Fletcher For Congress**

Mailing Address 3262 Westheimer Rd  
#636

City  
Houston

State  
TX

Zip Code  
77098

Purpose of Disbursement

Political Contribution

011

Candidate Name

Fletcher, Elizabeth, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: TX District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2023

FEC Identification Number

C C00640045

**Transaction ID : 48987608**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

**C. Katherine Clark For Congress**

Mailing Address 600 Pennsylvania Ave Se #15180

City  
Washington

State  
MA

Zip Code  
20003

Purpose of Disbursement

Political Contribution

011

Candidate Name

Clark, Katherine, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2023

FEC Identification Number

C C00541888

**Transaction ID : 48987609**

Amount of Each Disbursement this Period

1000.00
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Memo Item Political Contribution

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

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Boyle, Brendan, F., Rep.,

Office Sought: [X] House [ ] Senate [ ] President

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

State: PA District: 02

Date of Disbursement

Date: 08 / 15 / 2023

FEC Identification Number

C00543363

Transaction ID : 48987610

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Barragan For Congress

Mailing Address 1840 South Gaffey Street #421

City San Pedro State CA Zip Code 90731

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Barragan, Nanette, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

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

State: CA District: 44

Date of Disbursement

Date: 08 / 15 / 2023

FEC Identification Number

C00577353

Transaction ID : 48987611

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Blunt Rochester for Senate

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement

Political Contribution

Category/Type: 011

Candidate Name

Blunt Rochester, Lisa, ,

Office Sought: [ ] House [X] Senate [ ] President

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

State: DE District:

Date of Disbursement

Date: 08 / 22 / 2023

FEC Identification Number

C00843391

Transaction ID : 49056390

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item Political Contribution

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

4500.00

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

19500.00