

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.
American Academy of Neurology BrainPAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="113152.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25751.88"/>	<input type="text" value="62904.71"/>
(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="138904.85"/>	<input type="text" value="210164.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="78260.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131904.85"/>	<input type="text" value="131904.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	18589.21	40920.37
(ii) Unitemized	6662.67	21484.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25251.88	62404.71
(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)	25251.88	62404.71
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.....	500.00	500.00
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))..... ▶	25751.88	62904.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25751.88	62904.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	77000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1260.00
(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)).....	1000.00	1260.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	78260.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	78260.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25251.88	62404.71
34. Total Contribution Refunds (from Line 28(d))	1000.00	1260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24251.88	61144.71
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 20
	<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	

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

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

A. Dr. Edgar J. Kenton III
Full Name (Last, First, Middle Initial)

Mailing Address 100 N Academy Ave

City Danville State PA Zip Code 17822-9800

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

Name of Employer Geisinger Health system Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 39054797

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Dr. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087-3808

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

Name of Employer Children's Hospital and Med. Center of Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 39054799

Amount of Each Receipt this Period
 186.46

Memo Item

C. Dr. Elaine C. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 212 Bay Spring Ave

City Barrington State RI Zip Code 02806-1332

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 909.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : 39054800

Amount of Each Receipt this Period
 409.09

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1595.55
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Orly Avitzur
Full Name (Last, First, Middle Initial)

Mailing Address 815 Old Sleepy Hollow Rd Extension

City Briarcliff State NY Zip Code 10510-2543

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2016
Transaction ID : 39062727

Amount of Each Receipt this Period 500.00

Memo Item

B. Dr. Eric Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 2152 Spring Creek Road

City Decatur State GA Zip Code 30033-2608

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

Name of Employer Self Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 05 / 2016
Transaction ID : 39063075

Amount of Each Receipt this Period 1000.00

Memo Item

C. Dr. Nancy N. Futrell
Full Name (Last, First, Middle Initial)

Mailing Address 7930 Majestic Drive

City Cottonwood Heights State UT Zip Code 84121-5789

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

Name of Employer Intermountain Stroke Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 05 / 2016
Transaction ID : 39063141

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Marc R. Nuwer
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Haverford Ave
 City Pacific Palisades State CA Zip Code 90272-4313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Dept. of Neurology Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 02 / 11 / 2016
Transaction ID : 39077423
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Dr. John C. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 South Hanley Rd, Unit # 50
 City Clayton State MO Zip Code 63105-2695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University School of Medici Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 11 / 2016
Transaction ID : 39077444
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dr. Jennifer J. Majersik
 Full Name (Last, First, Middle Initial)
 Mailing Address 1746 Yalecrest Ave
 City Salt Lake City State UT Zip Code 84108-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Utah Occupation Neurologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 39078010
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Joan Puglia
Full Name (Last, First, Middle Initial)

Mailing Address 130 Afra Drive

City West Boylston State MA Zip Code 01583-2132

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

Name of Employer Self - Northwest Hills Neurology, P.C. Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 39084257

Amount of Each Receipt this Period 250.00

Memo Item

B. Dr. James C. Stevens
Full Name (Last, First, Middle Initial)

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 Allied Physicians, Inc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 02 / 13 / 2016
Transaction ID : 39084531

Amount of Each Receipt this Period 209.00

Memo Item

C. Dr. John M. O'Bannon III
Full Name (Last, First, Middle Initial)

Mailing Address 7301 Forest Ave Ste 300

City Richmond State VA Zip Code 23226-3792

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

Name of Employer Neurological Associates Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016
Transaction ID : 39097385

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 709.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. Dr. Nancy L. Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Stonybrook Road
 City Tenafly State NJ Zip Code 07670-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.32**

Date of Receipt **02 / 19 / 2016**
Transaction ID : 39106484
 Amount of Each Receipt this Period **416.66**
 Memo Item

B. Dr. Dominic B. Fee
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Griffith Court
 City Waukesha State WI Zip Code 53188-9570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 20 / 2016**
Transaction ID : 39108485
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Dr. Todd J. Janus
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Muskogee Avenue
 City Des Moines State IA Zip Code 50312-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnityPoint Health Physicians Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **02 / 21 / 2016**
Transaction ID : 39108508
 Amount of Each Receipt this Period **1500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2916.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Robyn G. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Sandpiper Place
 City Alameda State CA Zip Code 94502-7419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2016
Transaction ID : 39136403
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dr. Janice F. Wiesman
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 E 38th Street Apt 14D
 City New York State NY Zip Code 10016-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston University School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 39136438
 Amount of Each Receipt this Period 209.00
 Memo Item

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

Date of Receipt 02 / 24 / 2016
Transaction ID : 39165095
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2209.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Laszlo Mechtler
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Spaulding Drive

City Clarence State NY Zip Code 14031-1558

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

Name of Employer Dent Neurologic Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 39165120

Amount of Each Receipt this Period 1500.00

Memo Item

B. Dr. David L. Camenga
Full Name (Last, First, Middle Initial)

Mailing Address 6 Glenwood Ave

City Augusta State ME Zip Code 04330-6906

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

Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2016
Transaction ID : 39166532

Amount of Each Receipt this Period 125.00

Memo Item

C. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 25 / 2016
Transaction ID : 39166538

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Glen R. Finney
Full Name (Last, First, Middle Initial)

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 Geisinger Occupation Behavioral Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **02 / 28 / 2016**

Transaction ID : 39194671

Amount of Each Receipt this Period **208.34**

Memo Item

B. Dr. Steven L. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

Name of Employer Rush Univ. Med. Ctr. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **02 / 28 / 2016**

Transaction ID : 39194676

Amount of Each Receipt this Period **209.00**

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

City Atlanta State GA Zip Code 30342-2506

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **02 / 28 / 2016**

Transaction ID : 39194677

Amount of Each Receipt this Period **416.66**

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 14 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. David N. McCollum
Full Name (Last, First, Middle Initial)

Mailing Address 1267 Redfields Road

City Charlottesville State VA Zip Code 22903-7892

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

Name of Employer University of Virginia Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2016
Transaction ID : 39194682

Amount of Each Receipt this Period 1000.00

Memo Item

B. Dr. Laszlo Mechtler
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Spaulding Drive

City Clarence State NY Zip Code 14031-1558

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

Name of Employer Dent Neurologic Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 28 / 2016
Transaction ID : 39194684

Amount of Each Receipt this Period 1000.00

Memo Item

C. Dr. Mark Mintz
Full Name (Last, First, Middle Initial)

Mailing Address 20 Robin Lake Drive

City Cherry Hill State NJ Zip Code 08003-2851

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

Name of Employer The Center of Neurological Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 39195643

Amount of Each Receipt this Period 250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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. Dr. Murtaza Amir
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Bishop Walsh Road
 City Cumberland State MD Zip Code 21502-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Janjua MD Neurology PA Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 39195647
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dr. Mark Mintz
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Robin Lake Drive
 City Cherry Hill State NJ Zip Code 08003-2851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Center of Neurological Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 39195648
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Mark Mintz
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Robin Lake Drive
 City Cherry Hill State NJ Zip Code 08003-2851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Center of Neurological Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 39195652
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
<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 (Last, First, Middle Initial)
Dr. Laszlo Mechtler

Mailing Address 4785 Spaulding Drive

City State Zip Code
Clarence NY 14031-1558

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

Name of Employer Occupation
Dent Neurologic Institute Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2016

Transaction ID : 39245535

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	18589.21

**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 20
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mary Lawrence For Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 21215

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00573063

Name of Employer Occupation

Receipt For: 2016
 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	/	02	/	2016

Transaction ID : 39072424

Amount of Each Receipt this Period
500.00

Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kinzinger For Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
Void - Kinzinger For Congress

011

Candidate Name

Rep. Adam Kinzinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2016

Transaction ID : 39073429

Amount of Each Disbursement this Period

-1000.00

Memo Item
Void - Kinzinger For Congress

Full Name (Last, First, Middle Initial)

B. Kinzinger For Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Adam Kinzinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2016

Transaction ID : 39073759

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Bill Flores For Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2016

Transaction ID : 39073761

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

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

2500.00

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City State Zip Code
Plano TX 75086

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Sam Robert Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : 39073763

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Kevin Patrick Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 39136132

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Laszlo Mechtler

Mailing Address 4785 Spaulding Drive

City State Zip Code
Clarence NY 14031-1558

Purpose of Disbursement
Refund of contribution on 2/24/2016

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 39166563

Amount of Each Disbursement this Period

Memo Item
Refund of contribution on 2/24/2016

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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