

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
American Academy of Neurology BrainPAC

ADDRESS (number and street) 201 Chicago Avenue
Check if different than previously reported. (ACC) Minneapolis MN 55415

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00435933

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> 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:

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2024 through 02 / 29 / 2024

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 03 / 19 / 2024

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="2024"/> | <input type="text" value="370244.51"/> | <input type="text" value="370244.51"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="397763.51"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="67093.00"/> | <input type="text" value="97112.00"/> |
| (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="464856.51"/> | <input type="text" value="467356.51"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="95500.00"/> | <input type="text" value="98000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="369356.51"/> | <input type="text" value="369356.51"/> |
| 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 2024

| 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)..... | 54284.00 | 71722.00 |
| (ii) Unitemized | 12809.00 | 25390.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 67093.00 | 97112.00 |
| (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) | 67093.00 | 97112.00 |
| 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)).....▶ | 67093.00 | 97112.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 67093.00 | 97112.00 |

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..... | 95500.00 | 98000.00 |
| 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)) .. | 95500.00 | 98000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 95500.00 | 98000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 67093.00 | 97112.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 67093.00 | 97112.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 6 OF 40 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Reynolds, Wesley, D., Dr.,

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024

Transaction ID : 49798413

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Puglia, Joan, , Dr.,

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 (for Individual) UMass Memorial Medical Group - Neurolo | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2024

Transaction ID : 49799545

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Stevens, James, C., Dr.,

Mailing Address 12112 Aboite Center Rd

| | | |
|--------------------|-------------|------------------------|
| City Fort Wayne | State IN | Zip Code 46814-9528 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Allied Physicians, Inc. | Occupation (for Individual) Physician |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2024

Transaction ID : 49799548

Amount of Each Receipt this Period
209.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 959.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 40 |
| | <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

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Prusinski, Christopher, , Dr., | | Date of Receipt MM / DD / YYYY 02 / 04 / 2024 Transaction ID : 49799550 |
| Mailing Address 119 Lansing Island | | Amount of Each Receipt this Period 209.00 |
| City Indian Harbour Beach | State FL | Zip Code 32937-5354 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Christopher J Prusinski,DO,PA | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 418.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kilgore, Shannon, M., Dr., | | Date of Receipt MM / DD / YYYY 02 / 05 / 2024 Transaction ID : 49800995 |
| Mailing Address 11 Doud Dr | | Amount of Each Receipt this Period 209.00 |
| City Los Altos | State CA | Zip Code 94022-2323 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) VA Palo Alto HCS | Occupation (for Individual) Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fong, Joanna, S., Dr., | | Date of Receipt MM / DD / YYYY 02 / 05 / 2024 Transaction ID : 49801063 |
| Mailing Address 3420 Lashan Dr. | | Amount of Each Receipt this Period 500.00 |
| City Murrysville | State PA | Zip Code 15668-9480 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| 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) | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 918.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
A. Zurasky, John, , Dr.,

Mailing Address 1041 S Palatine Hill Road

City Portland State OR Zip Code 97219-8380

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

Name of Employer (for Individual) Providence Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2024

Transaction ID : 49801248

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Lyons, Paul, , Dr.,

Mailing Address 125 Medical Circle

City Winchester State VA Zip Code 22601-3322

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : 49836369

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Kozinn, Mark, A., Dr.,

Mailing Address 3537 Knollwood Dr NW

City Atlanta State GA Zip Code 30305-1021

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

Name of Employer (for Individual) Piedmont Physicians Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2024

Transaction ID : 49861831

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1800.00 |
| 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 40 |
| | <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. Smith, Steven, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74A Sullivan Street
 City Brooklyn State NY Zip Code 11231-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 07 / 2024
Transaction ID : 49862176
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Antonio, Aileen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 New Town Dr NE
 City Grand Rapids State MI Zip Code 49525-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 09 / 2024
Transaction ID : 49865061
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine LGH Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 02 / 09 / 2024
Transaction ID : 49865062
 Amount of Each Receipt this Period 209.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1409.00 |
| 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 40 |
| <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. Guzik, Amy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 Chester Rd
 City Winston Salem State NC Zip Code 27104-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest University Baptist Medical Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 49892968
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gregory, M. Gabriela, Gabriela, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3392 Westwind Rd
 City Las Vegas State NV Zip Code 89146-6753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Neurosciences Institute Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2024
Transaction ID : 49929059
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Hake, Ann, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4398 Asbury Street
 City Indianapolis State IN Zip Code 46227-8608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eli Lilly & Co. Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024
Transaction ID : 49930836
 Amount of Each Receipt this Period
 5000.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 11 OF 40
(check only one)

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

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

A. 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 ▼
418.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2024

Transaction ID : 49933232

Amount of Each Receipt this Period
209.00

Memo Item

B. Evans, David, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6722 Deloache Ave

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75225-2509 |
|----------------|-------------|------------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Texas Neurology | Occupation (for Individual) COO |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
834.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2024

Transaction ID : 49933234

Amount of Each Receipt this Period
417.00

Memo Item

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

Mailing Address 5988 Capeview Pl

| | | |
|---------------|-------------|------------------------|
| City Mason | State OH | Zip Code 45040-7505 |
|---------------|-------------|------------------------|

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2024

Transaction ID : 49934235

Amount of Each Receipt this Period
200.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 826.00 |
| 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 40 |
| | <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 A. Neville, Hans, E., Dr., | | Date of Receipt MM / DD / YYYY 02 / 16 / 2024 Transaction ID : 49934338 |
| Mailing Address 6561 S Glencoe St | | Amount of Each Receipt this Period 350.00 |
| City Centennial | State CO | Zip Code 80121-3575 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University of Colorado School of Medic | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Riggins, Nina, Yakovlevna, Dr., | | Date of Receipt MM / DD / YYYY 02 / 18 / 2024 Transaction ID : 49935822 |
| Mailing Address 3218 Via Alicante | | Amount of Each Receipt this Period 1000.00 |
| City La Jolla | State CA | Zip Code 92037-2741 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) UCSF | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jozefowicz, Ralph, F., Dr., | | Date of Receipt MM / DD / YYYY 02 / 19 / 2024 Transaction ID : 49935837 |
| Mailing Address 78 Lac Kine Drive | | Amount of Each Receipt this Period 250.00 |
| City Rochester | State NY | Zip Code 14618-5608 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University of Rochester | Occupation (for Individual) Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1600.00 |
| 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 40 |
| | <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 A. Anderson, Eric, , Dr., | | Date of Receipt MM / DD / YYYY 02 / 20 / 2024 Transaction ID : 49948327 |
| Mailing Address 5921 Bayview Circle South | | Amount of Each Receipt this Period 209.00 |
| City Gulfport | State FL | Zip Code 33707-3929 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Intensive Neuro | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 418.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Koenig, Matthew, A., Dr., | | Date of Receipt MM / DD / YYYY 02 / 20 / 2024 Transaction ID : 49948328 |
| Mailing Address 1416 Koko Head Ave | | Amount of Each Receipt this Period 125.00 |
| City Honolulu | State HI | Zip Code 96816-3234 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) The Queen's Medical Center | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mohile, Nimish, A., Dr., | | Date of Receipt MM / DD / YYYY 02 / 21 / 2024 Transaction ID : 49949858 |
| Mailing Address 485 Clover Hills Drive | | Amount of Each Receipt this Period 417.00 |
| City Rochester | State NY | Zip Code 14618-4713 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University of Rochester Medical Center | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 834.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 751.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 40
(check only one)

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

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

A. Castellano, James, Francis, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1277 Bellerock St

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15217-1261 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) UPMC Neurology | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2024

Transaction ID : 49953533

Amount of Each Receipt this Period
1000.00

Memo Item

B. Watson, David, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3112 N. Greystone Drive

| | | |
|--------------------|-------------|------------------------|
| City Morgantown | State WV | Zip Code 26508-8601 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) West Virginia University | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024

Transaction ID : 49955662

Amount of Each Receipt this Period
300.00

Memo Item

C. Allison, Tyler, Jared, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9220 Larsen Dr

| | | |
|-----------------------|-------------|------------------------|
| City Overland Park | State KS | Zip Code 66214-2125 |
|-----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Children's Mercy Hospital | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024

Transaction ID : 49955668

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2300.00 |
| 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 40 |
| | <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. Cardenas, Javier, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Lebanon St
 City Morgantown State WV Zip Code 26501-6538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barrow Neurological Institute Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49955677
 Amount of Each Receipt this Period 500.00
 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 ▼ 417.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49955833
 Amount of Each Receipt this Period 417.00
 Memo Item

C. Johnson, Nicholas, Elwood, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11535 GREY OAKS ESTATES RUN
 City Glen Allen State VA Zip Code 23059-5924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2024
Transaction ID : 49956450
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1042.00 |
| 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 40 |
| | <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. 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 ▼ 418.00

Date of Receipt 02 / 28 / 2024
Transaction ID : 49956454
 Amount of Each Receipt this Period 209.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 02 / 05 / 2024
Transaction ID : 49960331
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Esper, Christine, Doss, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2477 Oak Grove Estates NE
 City Atlanta State GA Zip Code 30345-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Neurology Clinic At Executive Pa Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 23 / 2024
Transaction ID : 49960341
 Amount of Each Receipt this Period 85.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 544.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
A. Beversdorf, David, Q., Dr.,

Mailing Address 14120 Highway BB

City Rocheport State MO Zip Code 65279-9518

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

Name of Employer (for Individual) University of Missouri Occupation (for Individual) Associate Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2024

Transaction ID : **49960342**

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wasserman, Marc, Y., Dr.,

Mailing Address 730 Ridgemont Place

City Highlands Ranch State CO Zip Code 80126-5583

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

Name of Employer (for Individual) UC-Health Sterling Ranch Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2024

Transaction ID : **49960343**

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Thirumala, Parthasarathy, , Dr.,

Mailing Address 4020 Park Place

City Glenshaw State PA Zip Code 15116-2574

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

Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2024

Transaction ID : **49960349**

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 18 OF 40 |
| | <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. Najib, Umer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2022 White Oak Dr
 City Morgantown State WV Zip Code 26505-2465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia University Hospitals Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2024
Transaction ID : 49960351
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Owensby, Alexandra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 River Road
 City Fort Thomas State KY Zip Code 41075-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Occupation (for Individual) Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2024
Transaction ID : 49960352
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Goldstein, Larry, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3201 Brighton Place Dr.
 City Lexington State KY Zip Code 40509-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2024
Transaction ID : 49960359
 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: | PAGE 19 OF 40 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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

A. Flippen, Charles, C., Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11319 Isleta Street
 City Los Angeles State CA Zip Code 90049-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UCLA Goldberg Migraine Program Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960361
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Halperin, John, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Watchung Road
 City Short Hills State NJ Zip Code 07078-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Overlook Medical Center Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960364
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Bandela, Sujani, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7714 Louis Pasteur Dr
 Apt. 2234
 City San Antonio State TX Zip Code 78229-3537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 OHSU Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960366
 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 20 OF 40 |
| | <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. Danielson, Laura, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7411 N 167th Ave
 City Bennington State NE Zip Code 68007-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960368
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Patel, Neepa, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W. Grand Ave PH7
 City Chicago State IL Zip Code 60654-4790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960377
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Rensel, Mary, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Chelsea Ct
 City Chagrin Falls State OH Zip Code 44022-4102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960379
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 40 |
| | <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. Dawson, Elliot, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 Katesford Rd
 City Cockeysville State MD Zip Code 21030-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Franklin Square Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960380
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Begasse De Dhaem, Olivia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 West Rock Trail
 City Stamford State CT Zip Code 06902-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford Healthcare Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960382
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Scarberry, Susan, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4893 Bluebell Loop So
 City Fargo State ND Zip Code 58104-5411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960387
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 22 OF 40 |
| | <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. Antonio, Aileen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 New Town Dr NE
 City Grand Rapids State MI Zip Code 49525-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960392
 Amount of Each Receipt this Period
 200.00
 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 ▼ 84.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960399
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Butala, Nitin, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7769 Collins Grove Rd
 City Jacksonville State FL Zip Code 32256-7174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 49960411
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 784.00 |
| 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 23 OF 40 |
| <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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American Academy of Neurology BrainPAC

A. Leung, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8309 Talbot Street
 3L
 City Kew Gardens State NY Zip Code 11415-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's University Health Network Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : 49960415
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Fong, Joanna, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 Lashan Dr.
 City Murrysville State PA Zip Code 15668-9480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2024
Transaction ID : 49960424
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Vidic, Thomas, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69805 Hilltop Rd
 City Union State MI Zip Code 49130-9771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elkhart Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2024
Transaction ID : 50032522
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 24 OF 40 |
| <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. Dewar, Sandra, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3131 W. Franklin Street
 City Richmond State VA Zip Code 23221-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UCLA Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 50032524
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Majersik, Jennifer, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 University of Utah Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 50032525
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Patel, Roshni, Nandu, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Hinchley Wood
 City Farmington State CT Zip Code 06032-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RNP Medical Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 50032526
 Amount of Each Receipt this Period
 1000.00
 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 25 OF 40 |
| <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. Ramirez-Montealegre, Denia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12512 Dockside Ln
 City Knoxville State TN Zip Code 37922-9367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032532
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Elangovan, Cheran, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1281 island place E
 City Memphis State TN Zip Code 38103-8982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State University, Milton S Hershe Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032536
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Vargas, Alejandro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 N Harlem Ave
 City Oak Park State IL Zip Code 60302-1627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032540
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 40 |
| <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. Belagaje, Samir, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1710 Buckhead Ct NE

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30324-6100 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Dept of Neurology Emory University | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024

Transaction ID : 50032541

Amount of Each Receipt this Period
501.00

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024

Transaction ID : 50032542

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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 ▼
584.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024

Transaction ID : 50032543

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2001.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 27 OF 40 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <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

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Shapiro, Robert, E., Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 Transaction ID : 50032544 |
| Mailing Address 1256 Whalley Road | | Amount of Each Receipt this Period 400.00 |
| City Charlotte | State VT | Zip Code 05445-9074 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University of Vermont College of Medic | Occupation (for Individual) Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Patton, Eddie, L., Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 Transaction ID : 50032547 |
| Mailing Address 3762 Grennoch Lane | | Amount of Each Receipt this Period 500.00 |
| City Houston | State TX | Zip Code 77025-2406 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) UT Health Neurosciences | Occupation (for Individual) Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Riggins, Nina, Yakovlevna, Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 Transaction ID : 50032548 |
| Mailing Address 3218 Via Alicante | | Amount of Each Receipt this Period 500.00 |
| City La Jolla | State CA | Zip Code 92037-2741 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) UCSF | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 28 OF 40 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Milstein, Mark, , Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 |
| Mailing Address 535 West 110th Street Apt 6C | | Transaction ID : 50032549 |
| City New York | State NY | Zip Code 10025-2025 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer (for Individual) Montefiore Medical Center | Occupation (for Individual) Neurologist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 268.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Armstrong, Robert, F., Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 |
| Mailing Address 731 dogwood road | | Transaction ID : 50032550 |
| City Asheville | State NC | Zip Code 28806-0366 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Asheville Neurology Specialists, PA | Occupation (for Individual) Neurologist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cherian, Laurel, Jean, Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 |
| Mailing Address 1305 S Michigan Ave 1701 | | Transaction ID : 50032553 |
| City Chicago | State IL | Zip Code 60605-3284 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Rush University Medical Center | Occupation (for Individual) Neurologist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| 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 29 OF 40 |
| | <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. Austin, Sara, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4909 Westview Dr.
 City Austin State TX Zip Code 78731-4735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascension Medical Group Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032555
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gregory, M. Gabriela, Gabriela, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3392 Westwind Rd
 City Las Vegas State NV Zip Code 89146-6753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Neurosciences Institute Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032560
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032562
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.00 |
| 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 30 OF 40 |
| | <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. Faradji, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11031 Monfero St

| | | |
|----------------------|-------------|------------------------|
| City Coral Gables | State FL | Zip Code 33156-4229 |
|----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) First Choice Neurology | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 26 | / | 2024 |

Transaction ID : 50032563

Amount of Each Receipt this Period
250.00

Memo Item

B. Krishnaiah, Balaji, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 Island Town Drive

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38103-9044 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Tennessee Health Science | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 26 | / | 2024 |

Transaction ID : 50032565

Amount of Each Receipt this Period
1000.00

Memo Item

C. Rathore, Jaivir, Singh, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 MetroWest Blvd.
Suite 104 105

| | | |
|-----------------|-------------|------------------------|
| City Orlando | State FL | Zip Code 32835-7630 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Falcon Advanced Neurology | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 26 | / | 2024 |

Transaction ID : 50032567

Amount of Each Receipt this Period
1000.00

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 31 OF 40 |
| | <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. Shah, Nilay, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 W 87th St. Apt. 15B
 City New York State NY Zip Code 10024-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Leven Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 50032568
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Kincaid, John, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4220 Knollton
 City Indianapolis State IN Zip Code 46228-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 50032569
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Haq, Ihtsham, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11395 Four Fillies Rd
 City Pinecrest State FL Zip Code 33156-4241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Health Sciences Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : 50032570
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 32 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Datta, Neil, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 LaGrange Parkway
 City Newark State DE Zip Code 19702-3835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambridge Health Alliance Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032571
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Longo, Michele, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Wills St
 City Metairie State LA Zip Code 70006-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032572
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Cohen, Bruce, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Children's Hospital Medical Center of Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 26 / 2024
Transaction ID : 50032573
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5800.00
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 33 OF 40 |
| | <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 A. Jackson, Carlayne, E., Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 Transaction ID : 50032574 |
| Mailing Address 503 Talmadge | | Amount of Each Receipt this Period 1000.00 |
| City San Antonio | State TX | Zip Code 78249-2998 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University of Texas Health Science Cen | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Danielson, Laura, , Dr., | | Date of Receipt MM / DD / YYYY 02 / 26 / 2024 Transaction ID : 50118740 |
| Mailing Address 7411 N 167th Ave | | Amount of Each Receipt this Period 1000.00 |
| City Bennington | State NE | Zip Code 68007-2830 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University Hospitals | Occupation (for Individual) Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|-----------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) | Occupation (for Individual) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | 54284.00 |

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)

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. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political Contribution

Candidate Name

Category/Type: 011

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 02 / 13 / 2024

FEC Identification Number

C

Transaction ID : 49930086

Amount of Each Disbursement this Period

15000.00

Political Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political Contribution

Candidate Name

Category/Type: 011

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 02 / 13 / 2024

FEC Identification Number

C

Transaction ID : 49930088

Amount of Each Disbursement this Period

15000.00

Political Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political Contribution

Candidate Name

Category/Type: 011

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 02 / 13 / 2024

FEC Identification Number

C

Transaction ID : 49930090

Amount of Each Disbursement this Period

5000.00

Political Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

35000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St. SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection grid: MM/DD/YYYY = 02/13/2024

FEC Identification Number

FEC ID grid: C00625988

Transaction ID : 49930091

Amount of Each Disbursement this Period

Amount grid: 5000.00

Political Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection grid: MM/DD/YYYY = 02/13/2024

FEC Identification Number

FEC ID grid: C00625988

Transaction ID : 49930092

Amount of Each Disbursement this Period

Amount grid: 5000.00

Political Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Future Forum

Mailing Address 412 First Street SE
Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection grid: MM/DD/YYYY = 02/13/2024

FEC Identification Number

FEC ID grid: C00625988

Transaction ID : 49930095

Amount of Each Disbursement this Period

Amount grid: 5000.00

Political Contribution Memo Item

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

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

Subtotal grid: 15000.00

Total grid: 15000.00

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"/> 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. New Democrat Coalition Action Fund

Mailing Address 5304 McKinley Street

City Bethesda State MD Zip Code 20814

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2024

FEC Identification Number

C C00409730

Transaction ID : 49930100

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Tuesday Group/ RG2 PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2024

FEC Identification Number

C

Transaction ID : 49930106

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. CHC BOLD PAC

Mailing Address PO Box 15096

City Washington State DC Zip Code 20003

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2024

FEC Identification Number

C

Transaction ID : 49930109

Amount of Each Disbursement this Period

5000.00

Memo Item Political Contribution

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

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

15000.00

**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"/> 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. Republican Main Street PAC

Mailing Address 325 7th Street, NW
Suite 610

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement

Political Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49930111

Amount of Each Disbursement this Period

Political Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Elect Democratic Women PAC

Mailing Address PO Box 15096

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Political Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49930113

Amount of Each Disbursement this Period

Political Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. VIEWPAC

Mailing Address 3106 Russell Road

City
Alexandria

State
VA

Zip Code
22305

Purpose of Disbursement

Political Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49930114

Amount of Each Disbursement this Period

Political Contribution
 Memo Item

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

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)

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. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau

State MO

Zip Code 63702

Purpose of Disbursement

Political Contribution

011

Candidate Name

Smith, Jason, T., Rep.,

Category/Type

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

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

State: MO District: 08

Date of Disbursement

Date field: MM/DD/YYYY = 02/13/2024

FEC Identification Number

C00541862

Transaction ID : 49930115

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. 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: [X] House [] Senate [] President

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

State: CA District: 33

Date of Disbursement

Date field: MM/DD/YYYY = 02/21/2024

FEC Identification Number

C00510461

Transaction ID : 49950010

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa Delauro

Mailing Address 129 Church St, Ste 818

City New Haven

State CT

Zip Code 06510

Purpose of Disbursement

Political Contribution

011

Candidate Name

DeLauro, Rosa, L., Rep.,

Category/Type

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

Disbursement For: 2023 [] Primary [X] General [] Other (specify) v

State: CT District: 03

Date of Disbursement

Date field: MM/DD/YYYY = 02/21/2024

FEC Identification Number

C00238865

Transaction ID : 49950011

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item Political Contribution

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

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

Summary amount fields: 7500.00

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)

Grid for line numbers: 21b, 22, 23, 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. Jimmy Panetta For Congress

Mailing Address PO Box 1579

City Carmel Valley

State CA

Zip Code 93924

Purpose of Disbursement

Political Contribution

011

Candidate Name

Panetta, Jimmy, Varni, Rep.,

Category/Type

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

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

State: CA District: 20

Date of Disbursement

Date grid: MM/DD/YYYY = 02/21/2024

FEC Identification Number

C00592154

Transaction ID : 49950012

Amount of Each Disbursement this Period

Amount grid: 1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora

State PA

Zip Code 16045

Purpose of Disbursement

Political Contribution

011

Candidate Name

Kelly, Mike, , Rep.,

Category/Type

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

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

State: PA District: 16

Date of Disbursement

Date grid: MM/DD/YYYY = 02/21/2024

FEC Identification Number

C00474189

Transaction ID : 49950013

Amount of Each Disbursement this Period

Amount grid: 1000.00

[] Memo Item Political Contribution

Full Name (Last, First, Middle Initial)

C. Stand With Sanchez

Mailing Address PO Box 83142

City Gaithersburg

State MD

Zip Code 20883

Purpose of Disbursement

Political Contribution

011

Candidate Name

Sanchez, Linda, Teresa, Rep.,

Category/Type

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

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

State: CA District: 38

Date of Disbursement

Date grid: MM/DD/YYYY = 02/21/2024

FEC Identification Number

C00384057

Transaction ID : 49950014

Amount of Each Disbursement this Period

Amount grid: 1000.00

[] Memo Item Political Contribution

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

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

Subtotal grid: 3000.00

Total grid: 3000.00

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"/> 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. Equality PAC

Mailing Address 211 S Street NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Political Contribution 2024

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 1 | | 2 | 0 | 2 | 4 |

FEC Identification Number

Transaction ID : 49950015

Amount of Each Disbursement this Period

Memo Item Political Contribution 2024

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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