

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  through  /  /

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="168069.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16792.99"/>	<input type="text" value="202712.73"/>
(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="184862.87"/>	<input type="text" value="349972.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32560.00"/>	<input type="text" value="197670.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="152302.87"/>	<input type="text" value="152302.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12537.99	150242.78
(ii) Unitemized .....	4255.00	51969.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16792.99	202212.73
(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) .....	16792.99	202212.73
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16792.99	202712.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16792.99	202712.73

**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.....	32500.00	195500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	60.00	2170.00
(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)).....	60.00	2170.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32560.00	197670.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32560.00	197670.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16792.99	202212.73
34. Total Contribution Refunds (from Line 28(d)) .....	60.00	2170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16732.99	200042.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dr. Edgar J. Kenton III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Academy Ave  
 City Danville State PA Zip Code 17822-9800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Health system Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 01 / 2016  
**Transaction ID : 39440828**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Bay Spring Ave  
 City Barrington State RI Zip Code 02806-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2136.36

Date of Receipt 05 / 01 / 2016  
**Transaction ID : 39440830**  
 Amount of Each Receipt this Period 409.09  
 Memo Item

**C. Dr. Nicholas Elwood Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Utah Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2016  
**Transaction ID : 39440851**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1509.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Allison L. Weathers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 Glencoe Avenue  
 City Evanston State IL Zip Code 60203-1935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RUMC Occupation RUMC Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 208.35

Date of Receipt 05 / 03 / 2016  
**Transaction ID : 39445055**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Dr. Jeanette K. Wendt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6000 E Territory Ave  
 City Tucson State AZ Zip Code 85750-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Territory Neurology and Research Insti Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 04 / 2016  
**Transaction ID : 39447179**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Dr. Mill Etienne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Coe Farm Road  
 City Montebello State NY Zip Code 10901-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours Charity Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt 05 / 08 / 2016  
**Transaction ID : 39475858**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Erik Perkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sharp-Rees-Stealy Medical Group	Occupation Physician
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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
05		09		2016

**Transaction ID : 39475871**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dr. Steven J. Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland	State CA	Zip Code 94611-1950
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FEC ID number of contributing federal political committee. **C**

Name of Employer John Muir Physical Ntwk	Occupation 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
05		09		2016

**Transaction ID : 39475872**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Dr. Donald S. Gervais Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3018

City Houma	State LA	Zip Code 70361-3018
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FEC ID number of contributing federal political committee. **C**

Name of Employer Southeast Neuroscience Center	Occupation 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
05		10		2016

**Transaction ID : 39480492**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Bruce M. Cotugno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Springbrooke Dr  
 City Venetia State PA Zip Code 15367-1054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adult Neurology Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 11 / 2016**  
**Transaction ID : 39480505**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Dr. Benjamin M. Frishberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5145 Seagrove Ct  
 City San Diego State CA Zip Code 92130-3208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Neurology Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 11 / 2016**  
**Transaction ID : 39493274**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. James C. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12112 Aboite Center Rd  
 City Fort Wayne State IN Zip Code 46814-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Physicians, Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1045.00**

Date of Receipt **05 / 13 / 2016**  
**Transaction ID : 39498269**  
 Amount of Each Receipt this Period **209.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1209.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Matthew Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Medical Center Dr Ste 7500  
 PO Box 9180  
 City Morgantown State WV Zip Code 26505-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WVU Occupation 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  
 05 / 15 / 2016  
**Transaction ID : 39498973**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Ramesh Madhavan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4599 Hycliffe Dr  
 City Troy State MI Zip Code 48098-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wayne State University Occupation 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  
 05 / 15 / 2016  
**Transaction ID : 39498979**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Deborah E. Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11507 Antigua Dr  
 City Austin State TX Zip Code 78759-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seton Health Occupation 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  
 05 / 15 / 2016  
**Transaction ID : 39498983**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Sarah Jane Hon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 409 Camelot Drive

City Liberty	State MO	Zip Code 64068-1190
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FEC ID number of contributing federal political committee. **C**

Name of Employer Meritas Health	Occupation Neurologist
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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  
 05 / 15 / 2016  
**Transaction ID : 39498985**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Dr. Maureen A. Callaghan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1603 Amethyst St SE

City Olympia	State WA	Zip Code 98501-4200
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FEC ID number of contributing federal political committee. **C**

Name of Employer Madigan Army Medical Center / Self	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2016  
**Transaction ID : 39501883**

Amount of Each Receipt this Period  
 125.00

Memo Item

**C. Dr. Bibhuti Mishra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5801 Potomac Ave NW

City Washington	State DC	Zip Code 20016-2517
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FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Fairfax Hospital	Occupation Neurologist
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2016  
**Transaction ID : 39501884**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Terrence L. Cascino**  
Full Name (Last, First, Middle Initial)

Mailing Address 2931 Stone Park Dr NE

City Rochester State MN Zip Code 55906-7722

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

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : 39501885**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Dr. Gary Birnbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 Interlachen Lane

City Excelsior State MN Zip Code 55331-9456

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

Name of Employer MS Treatment & Research Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : 39502049**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. Shannon M. Kilgore**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Doud Dr

City Los Altos State CA Zip Code 94022-2323

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

Name of Employer VA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.22

Date of Receipt 05 / 18 / 2016  
**Transaction ID : 39503228**

Amount of Each Receipt this Period 111.11

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Mitchell F. Brin**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 San Antonio

City Newport Beach State CA Zip Code 92660-9115

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

Name of Employer Allergan Inc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : 39512291**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Daniel C. Potts**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Covey Chase

City Tuscaloosa State AL Zip Code 35406-1801

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

Name of Employer VA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : 39512301**

Amount of Each Receipt this Period 100.00

Memo Item

**c. Dr. Sarah Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : 39512302**

Amount of Each Receipt this Period 84.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 684.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Nancy L. Mueller**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenaflly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2016  
**Transaction ID : 39512304**

Amount of Each Receipt this Period  
 416.66

Memo Item

**B. Dr. Joseph S. Kass**  
Full Name (Last, First, Middle Initial)

Mailing Address 4903 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2016  
**Transaction ID : 39518786**

Amount of Each Receipt this Period  
 84.00

Memo Item

**C. Dr. Stanley J. Whitney**  
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee State FL Zip Code 32312-6788

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

Name of Employer Tallahassee Neurology Associates Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2016  
**Transaction ID : 39518788**

Amount of Each Receipt this Period  
 90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Keith Coffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4119 W. 94th Terrace

City State Zip Code  
Prairie Village KS 66207-2713

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

Name of Employer Occupation  
Children's Mercy Hospital Self

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 23 / 2016  
**Transaction ID : 39518789**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Dr. William S. Gilmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City State Zip Code  
Houston TX 77005-2613

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

Name of Employer Occupation  
Self Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
05 / 24 / 2016  
**Transaction ID : 39545722**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Dr. Janice F. Wiesman**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38th Street  
Apt 14D

City State Zip Code  
New York NY 10016-2768

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

Name of Employer Occupation  
Boston University School of Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.00

Date of Receipt  
05 / 24 / 2016  
**Transaction ID : 39545723**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	344.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Lyell K. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Scenic View Lane SW

City Rochester State MN Zip Code 55902-2575

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

Name of Employer Mayo MN Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 24 / 2016  
**Transaction ID : 39545724**

Amount of Each Receipt this Period 42.00

Memo Item

**B. Dr. Michael R. Yochelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Commander Drive

City Hyattsville State MD Zip Code 20782-1025

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

Name of Employer MedStar National Rehabilitation Hospit Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 24 / 2016  
**Transaction ID : 39545725**

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 6 Glenwood Ave

City Augusta State ME Zip Code 04330-6906

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

Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546479**

Amount of Each Receipt this Period 125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.00

**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 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. David W. Brandes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Autumn Woods Drive  
 City Sweetwater State TN Zip Code 37874-6482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546480**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Dr. Gregory J. Esper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2477 Oak Grove Estates  
 City Atlanta State GA Zip Code 30345-3899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546481**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Dr. David R. Greeley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurological Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546482**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Allison Brashear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 Hadley Ct  
 City Winston Salem State NC Zip Code 27106-4489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546483**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City Union State ME Zip Code 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penobscot Bay Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546484**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 39546485**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Alireza Minagar**  
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City Shreveport State LA Zip Code 71115-4606

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

Name of Employer LA State University Health Sciences Ct Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2016  
**Transaction ID : 39549914**

Amount of Each Receipt this Period  
 42.00

Memo Item

**B. Dr. Austin J. Sumner**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 Saint Charles Ave Apt 11A

City New Orleans State LA Zip Code 70130-3430

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

Name of Employer LSU Health Sci Ctr/Dept of Neurology Occupation Physician

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  
 05 / 27 / 2016  
**Transaction ID : 39560594**

Amount of Each Receipt this Period  
 150.00

Memo Item

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

Mailing Address 828 Homestead Dr

City Dallas State PA Zip Code 18612-7227

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

Name of Employer Geisinger Occupation Behavioral Neurology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2016  
**Transaction ID : 39561309**

Amount of Each Receipt this Period  
 208.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Marsha Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 94 Shenandoah Court

City Portsmouth State OH Zip Code 45662-8660

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

Name of Employer Southern OH Med. Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2016  
**Transaction ID : 39561311**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 20 Robin Lake Drive

City Cherry Hill State NJ Zip Code 08003-2851

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

Name of Employer The Center of Neurological Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2016  
**Transaction ID : 39561316**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Dr. John W. Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Kitty Hawk Drive

City Atlanta State GA Zip Code 30342-2506

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2016  
**Transaction ID : 39561318**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Terry D. Fife**  
Full Name (Last, First, Middle Initial)

Mailing Address 9927 N. 123rd Street

City State Zip Code  
Scottsdale AZ 85259-6026

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

Name of Employer Occupation  
St. Joseph's Hospital Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
05 / 28 / 2016  
Transaction ID : 39561319

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dr. Carolyn L. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 4732 Lost Creek Lane

City State Zip Code  
Bellingham WA 98229-2574

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

Name of Employer Occupation  
Northwest Neurology Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 28 / 2016  
Transaction ID : 39561320

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.34

Date of Receipt  
05 / 28 / 2016  
Transaction ID : 39561321

Amount of Each Receipt this Period  
186.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	386.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1725 W Harrison St Ste 1106

City	State	Zip Code
Chicago	IL	60612-3845

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.00

Date of Receipt  
 05 / 28 / 2016  
**Transaction ID : 39561322**

Amount of Each Receipt this Period  
 209.00

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

City	State	Zip Code
Atlanta	GA	30342-2506

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

Name of Employer	Occupation
Piedmont Healthcare	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  
 05 / 28 / 2016  
**Transaction ID : 39561323**

Amount of Each Receipt this Period  
 416.66

Memo Item

**C. Dr. Gregory L. Barkley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City	State	Zip Code
Ann Arbor	MI	48105-1435

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

Name of Employer	Occupation
Henry Ford Hospital	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 05 / 28 / 2016  
**Transaction ID : 39561324**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Yoon-Hee Cha**  
Full Name (Last, First, Middle Initial)

Mailing Address 4313 South Retana Avenue

City Broken Arrow State OK Zip Code 74011-1398

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

Name of Employer St. Francis Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2016  
**Transaction ID : 39561326**

Amount of Each Receipt this Period 50.00

Memo Item

**B. Dr. Glenn A. Mackin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Highland Way

City Center Valley State PA Zip Code 18034-9682

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

Name of Employer Lehigh Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2016  
**Transaction ID : 39606205**

Amount of Each Receipt this Period 500.00

Memo Item

**c. Dr. John J. Volpi**  
Full Name (Last, First, Middle Initial)

Mailing Address 6560 Fannin St Ste 802

City Houston State TX Zip Code 77030-2726

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 05 / 02 / 2016  
**Transaction ID : 39615627**

Amount of Each Receipt this Period 0.00

Memo Item

Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 30
	<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.** Full Name (Last, First, Middle Initial)  
**Dr. Arash Salardini**

Mailing Address 152 Temple Street,  
Apt 106

City New Haven State CT Zip Code 06510-2607

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2016

**Transaction ID : 39615628**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12537.99



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493095**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Ben Cardin For Senate, Inc.**

Mailing Address P.O. Box 21093

City State Zip Code  
Catonsville MD 21228

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Benjamin Cardin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493096**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City State Zip Code  
Oregon City OR 97045

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493097**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Campaign Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name  
**Rep. Edwin Perlmutter**

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493098**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 901 Se Oak Street  
Suite 105

City State Zip Code  
Portland OR 97214

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name  
**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President  
State: OR District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493101**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Jason Smith For Congress**

Mailing Address PO Box 1324

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name  
**Rep. Jason T. Smith**

Office Sought:  House  
 Senate  
 President  
State: MO District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493104**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493105**

Amount of Each Disbursement this Period  
2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Sen. Michael F. Bennet**

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : 39493108**

Amount of Each Disbursement this Period  
1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Sen. Roy Blunt**

Office Sought:  House  
 Senate  
 President  
State: MO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : 39545316**

Amount of Each Disbursement this Period  
1500.00

Memo Item  
Campaign Contribution

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Scott Peters For Congress**

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : 39545318**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : 39545319**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : 39545320**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Mchenry For Congress**

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Patrick Timothy McHenry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : 39545322**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. North Star Fund**

Mailing Address 10 G St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : 39545323**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin Mccarthy For Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : 39545345**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppensberger For Congress Committee**

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. C.A. Dutch Ruppensberger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : 39545361**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Ben Cardin For Senate, Inc.**

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement  
Void - Ben Cardin For Senate, Inc.

011

Category/  
Type

Candidate Name

**Sen. Benjamin Cardin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2016

**Transaction ID : 39590311**

Amount of Each Disbursement this Period

-1000.00

Memo Item  
Void - Ben Cardin For Senate, Inc.

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

1500.00

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

32500.00