

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) 401 C St NE Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 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 04 01 2015 through 04 30 2015

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 05 12 2015

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="2015"/>	<input type="text" value="114069.08"/>	<input type="text" value="114069.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="81071.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="78473.34"/>	<input type="text" value="159576.20"/>
(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="159545.28"/>	<input type="text" value="273645.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7708.33"/>	<input type="text" value="121808.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="151836.95"/>	<input type="text" value="151836.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	57993.67	110810.01
(ii) Unitemized	20479.67	48766.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	78473.34	159576.20
(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)	78473.34	159576.20
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))..... ▶	78473.34	159576.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	78473.34	159576.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	121500.00
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	208.33	308.33
(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)).....	208.33	308.33
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)) ..	7708.33	121808.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7708.33	121808.33

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)	78473.34	159576.20
34. Total Contribution Refunds (from Line 28(d))	208.33	308.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78265.01	159267.87
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. James M. Gilchrist
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Williams Blvd
 City Springfield State IL Zip Code 62704-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIU School of Med. Occupation 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
 04 / 01 / 2015
Transaction ID : 38053518
 Amount of Each Receipt this Period
 125.00

B. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 38062089
 Amount of Each Receipt this Period
 75.00

C. Dr. Richard A. Lafrance
 Full Name (Last, First, Middle Initial)
 Mailing Address 2392 NW Hummingbird Dr.
 City Corvallis State OR Zip Code 97330-2278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corvallis Clinic 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
 04 / 03 / 2015
Transaction ID : 38062167
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 45
	<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. Erik Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : 38069314

Amount of Each Receipt this Period
 100.00

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

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : 38069315

Amount of Each Receipt this Period
 100.00

c. Dr. Maureen A. Callaghan
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6059

City Olympia State WA Zip Code 98507-6059

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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 38070603

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<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. 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 ▼ 336.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 38070605
 Amount of Each Receipt this Period 84.00

B. Dr. James C. Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 12112 Aboite Center Rd
 City Fort Wayne State IN Zip Code 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Physicians, Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 13 / 2015
Transaction ID : 38071943
 Amount of Each Receipt this Period 100.00

C. 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 ▼ 333.36

Date of Receipt 04 / 15 / 2015
Transaction ID : 38082442
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 267.34
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 45
	<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 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 ▼
740.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2015
Transaction ID : 38082443

Amount of Each Receipt this Period
185.00

B. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 3356 Miro Place

City State Zip Code
Dallas TX 75204-7526

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

Name of Employer Occupation
Texas Neurology COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2015
Transaction ID : 38082444

Amount of Each Receipt this Period
100.00

C. 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 ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2015
Transaction ID : 38082445

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 45
<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 (Last, First, Middle Initial) A. Dr. Gregory L. Barkley			Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : 38082446
Mailing Address 2890 Burlington St			Amount of Each Receipt this Period 100.00
City Ann Arbor	State MI	Zip Code 48105-1435	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00	
Name of Employer Henry Ford Hospital		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Laszlo Mechtler			Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : 38083581
Mailing Address 4785 Spaulding Drive			Amount of Each Receipt this Period 1500.00
City Clarence	State NY	Zip Code 14031-1558	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500.00	
Name of Employer Dent Neurologic Institute		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Matthews W. Gwynn			Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : 38083615
Mailing Address 330 Old Powers Ln.			Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30327-3409	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00	
Name of Employer Atlanta Neurology		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 11 OF 45
	<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. 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 ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 38083637

Amount of Each Receipt this Period
 90.00

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

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 38083638

Amount of Each Receipt this Period
 416.00

C. Dr. Jaffar Khan
Full Name (Last, First, Middle Initial)

Mailing Address 292 Riverford Way

City Lawrenceville State GA Zip Code 30043-6416

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

Name of Employer Emory Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 38085552

Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	590.00
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 45
	<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 (Last, First, Middle Initial) A. Dr. Colleen Vanderkolk		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2015 Transaction ID : 38085553
Mailing Address 704 Thurrock Circle		Amount of Each Receipt this Period 85.00
City Brentwood	State TN	Zip Code 37027-1504
FEC ID number of contributing federal political committee. C		
Name of Employer St. Thomas Medical Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Dr. Lyell K. Jones		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2015 Transaction ID : 38097579
Mailing Address 2055 Scenic View Lane SW		Amount of Each Receipt this Period 23.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

Full Name (Last, First, Middle Initial) C. Dr. Edgar J. Kenton III		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2015 Transaction ID : 38103591
Mailing Address 100 N Academy Ave		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1108.00
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 45
	<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. 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 ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 38103594

Amount of Each Receipt this Period
 100.00

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103600

Amount of Each Receipt this Period
 100.00

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

Mailing Address IntensiveNeuro
2152 Spring Creek Road

City Decatur State GA Zip Code 30033-2608

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 38103610

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 45
	<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. Laura B. Powers
 Full Name (Last, First, Middle Initial)
 Mailing Address 5629 Tazewell Pike
 City Knoxville State TN Zip Code 37918-9264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self/ Retired Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 18 / 2015**
Transaction ID : 38103611
 Amount of Each Receipt this Period **500.00**

B. Dr. Muhammed Samer Nasher-Alneam
 Full Name (Last, First, Middle Initial)
 Mailing Address Neurology and Pain Center
 401 Division Street Suite 202
 City Charleston State WV Zip Code 25309-1472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Novavein Clinic Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 18 / 2015**
Transaction ID : 38103620
 Amount of Each Receipt this Period **500.00**

C. Dr. Richard M. Dubinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 W 126th Terrace
 City Leawood State KS Zip Code 66209-2288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Univ of Kansas Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 18 / 2015**
Transaction ID : 38103622
 Amount of Each Receipt this Period **500.00**

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 15 OF 45
	<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. Robert A. Gross
Full Name (Last, First, Middle Initial)

Mailing Address 44 Split Rock Rd

City Pittsford State NY Zip Code 14534-1852

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

Name of Employer University of Rochester Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 38103628

Amount of Each Receipt this Period
 1200.00

B. Dr. Jonathan P. Hosey
Full Name (Last, First, Middle Initial)

Mailing Address 1503 Red Ln

City Danville State PA Zip Code 17821-8493

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

Name of Employer Geisinger Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 38103629

Amount of Each Receipt this Period
 1500.00

C. Dr. William W. Gladney
Full Name (Last, First, Middle Initial)

Mailing Address 1320 Stuart Ave

City Baton Rouge State LA Zip Code 70808-8728

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

Name of Employer The Baton Rouge Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 38103633

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2950.00

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 45
	<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 (Last, First, Middle Initial) A. Dr. Mill Etienne		Date of Receipt MM / DD / YYYY 04 / 18 / 2015 Transaction ID : 38103649
Mailing Address 19 Coe Farm Road		Amount of Each Receipt this Period 500.00
City Montebello	State NY	Zip Code 10901-2908
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Bon Secours Charity Health	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J. Clay Goodman		Date of Receipt MM / DD / YYYY 04 / 18 / 2015 Transaction ID : 38103651
Mailing Address 2520 Robinhood St Apt 1608		Amount of Each Receipt this Period 2500.00
City Houston	State TX	Zip Code 77005-2561
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Baylor Medical School	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Constantine Moschonas		Date of Receipt MM / DD / YYYY 04 / 19 / 2015 Transaction ID : 38103803
Mailing Address 8113 E Del Cuarzo Dr		Amount of Each Receipt this Period 750.00
City Scottsdale	State AZ	Zip Code 85258-2254
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00
Name of Employer Four Peaks Neurology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 45
	<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 Chicago	State IL	Zip Code 60612-3845
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **724.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2015

Transaction ID : 38103824

Amount of Each Receipt this Period

223.00

B. Dr. James F. Selwa
Full Name (Last, First, Middle Initial)

Mailing Address 2044 Valleyview Drive

City Ann Arbor	State MI	Zip Code 48105-9588
-------------------	-------------	------------------------

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

Name of Employer Univ. of Michigan	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2015

Transaction ID : 38103837

Amount of Each Receipt this Period

1000.00

C. Dr. John C. Kincaid
Full Name (Last, First, Middle Initial)

Mailing Address 4220 Knollton

City Indianapolis	State IN	Zip Code 46228-3335
----------------------	-------------	------------------------

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

Name of Employer Indiana University	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2015

Transaction ID : 38103839

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	1523.00
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 45
	<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. Lori Ann Schuh
Full Name (Last, First, Middle Initial)

Mailing Address 2600 Sturbridge Dr. SE

City Ada	State MI	Zip Code 49301-8133
-------------	-------------	------------------------

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

Name of Employer Henry Ford Hospital	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2015

Transaction ID : 38103915

Amount of Each Receipt this Period

250.00

B. Dr. Hartej S. Sethi
Full Name (Last, First, Middle Initial)

Mailing Address 2200 SW 6th Ave
Suite # 107

City Topeka	State KS	Zip Code 66606-1707
----------------	-------------	------------------------

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

Name of Employer St. Francis Health	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2015

Transaction ID : 38103916

Amount of Each Receipt this Period

250.00

c. Dr. Charles C. Flippen II
Full Name (Last, First, Middle Initial)

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 UCLA	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2015

Transaction ID : 38103917

Amount of Each Receipt this Period

250.00

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 19 OF 45
	<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. Michael E. Markowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Redwood Circle
 City Mashpee State MA Zip Code 02649-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri-State Mountain Neurology Associate Occupation 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
 04 / 19 / 2015
Transaction ID : 38103918
 Amount of Each Receipt this Period
 250.00

B. Dr. Marcus Ponce De Leon
 Full Name (Last, First, Middle Initial)
 Mailing Address 7135 Lovely Lane NE
 City Olympia State WA Zip Code 98516-9106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Army 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
 04 / 19 / 2015
Transaction ID : 38103919
 Amount of Each Receipt this Period
 300.00

C. 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103920
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 20 OF 45
(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. 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 NNS Clinical Research Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103921
 Amount of Each Receipt this Period
 500.00

B. Dr. Carmel Armon
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 Pinewood Drive
 City Longmeadow State MA Zip Code 01106-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State of Israel Ministry of Health Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103922
 Amount of Each Receipt this Period
 1000.00

C. Dr. James P. Wymer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Dennin Drive
 City Menands State NY Zip Code 12204-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103923
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<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. Elliott G. Gross
Full Name (Last, First, Middle Initial)

Mailing Address 65 Horseshoe Hill Road

City Pound Ridge State NY Zip Code 10576-1636

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103924

Amount of Each Receipt this Period
 1000.00

B. Dr. Lisa M. DeAngelis
Full Name (Last, First, Middle Initial)

Mailing Address 400 East 56th Street

City New York State NY Zip Code 10022-4339

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

Name of Employer Memorial Sloan Kettering Cancer Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103925

Amount of Each Receipt this Period
 1090.00

C. Ms. Catherine M. Rydell
Full Name (Last, First, Middle Initial)

Mailing Address 4645 Park Commons, #319

City Saint Louis Park State MN Zip Code 55416-4175

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

Name of Employer American Academy of Neurology Occupation Executive Director/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 38103926

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	3590.00
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 45
	<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 (Last, First, Middle Initial) A. Dr. Elysia James		Date of Receipt MM / DD / YYYY 04 / 20 / 2015 Transaction ID : 38103973
Mailing Address 538 Bond Ave NW Apt. 814		Amount of Each Receipt this Period 208.33
City Grand Rapids	State Zip Code MI 49503-6709	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 208.33
Name of Employer Spectrum Health	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ralph L. Sacco		Date of Receipt MM / DD / YYYY 04 / 20 / 2015 Transaction ID : 38104155
Mailing Address 405 E San Marino Dr		Amount of Each Receipt this Period 1000.00
City Miami Beach	State Zip Code FL 33139-1109	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer University of Miami	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jonathan Hart McKinnon		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 Transaction ID : 38105324
Mailing Address 7575 W Washington Ave, #127-160		Amount of Each Receipt this Period 100.00
City Las Vegas	State Zip Code NV 89128-4333	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Las Vegas Clinic	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1308.33
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 23 OF 45
	(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

A. 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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 38106292

Amount of Each Receipt this Period

84.00

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

Mailing Address 9420 SE 54th St

City Mercer Island	State WA	Zip Code 98040-5121
-----------------------	-------------	------------------------

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

Name of Employer Swedish Neurosci. Institute, Swedish H	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1664.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 38106293

Amount of Each Receipt this Period

416.00

C. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 3356 Miro Place

City Dallas	State TX	Zip Code 75204-7526
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FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Neurology	Occupation COO
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 38107344

Amount of Each Receipt this Period

1300.00

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 24 OF 45
	<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. John Corboy
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Cherryridge Rd

City Englewood State CO Zip Code 80113-6036

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

Name of Employer Univ. of CO Occupation 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
 04 / 20 / 2015
Transaction ID : 38107349

Amount of Each Receipt this Period
 250.00

B. Dr. A. Gordon Smith
Full Name (Last, First, Middle Initial)

Mailing Address 30 NORTH 1900 EAST SOM 3R242

City Salt Lake City State UT Zip Code 84132-0001

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
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107353

Amount of Each Receipt this Period
 500.00

C. Dr. Brian A. Trimble
Full Name (Last, First, Middle Initial)

Mailing Address 19430 Upper Skyline Dr.

City Eagle River State AK Zip Code 99577-7922

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

Name of Employer Alaska Native Medical Center Occupation 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
 04 / 20 / 2015
Transaction ID : 38107360

Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 25 OF 45
	(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 (Last, First, Middle Initial) A. Dr. Nicole A. Chiota-McCollum		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 38107366
Mailing Address 125 Brackish Place		Amount of Each Receipt this Period 1000.00
City Ocean Springs	State MS	Zip Code 39564-3220
FEC ID number of contributing federal political committee. C		
Name of Employer USAF	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. M Barry Loudon Jr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 38107367
Mailing Address PO Box 4179		Amount of Each Receipt this Period 1000.00
City Parkersburg	State WV	Zip Code 26104-4179
FEC ID number of contributing federal political committee. C		
Name of Employer Parkersburg Neurological Associates, I	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey R. Buchhalter		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 38107376
Mailing Address 1331 Windsor Street NW		Amount of Each Receipt this Period 500.00
City Calgary	State AB	Zip Code T2N 3X2
FEC ID number of contributing federal political committee. C		
Name of Employer Alberta Children's Hospital	Occupation Child Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	US Citizen living in Canada

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45
	<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. Sara G. Austin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 Loveland Cove
 City Austin State TX Zip Code 78746-7635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107378
 Amount of Each Receipt this Period
 400.00

B. Dr. Caroline M. Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Acton St
 City Berkeley State CA Zip Code 94702-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkinson's Institute and Clinical Cen Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107380
 Amount of Each Receipt this Period
 400.00

C. Dr. Heidi B. Schwarz
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Gorham St
 City Canandaigua State NY Zip Code 14424-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unity Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107381
 Amount of Each Receipt this Period
 1000.00

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 27 OF 45
	<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. Marcus C. Rice
Full Name (Last, First, Middle Initial)

Mailing Address 7410 Shirland Avenue

City Norfolk State VA Zip Code 23505-2942

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

Name of Employer Neuroconsultants of Tidewater Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107394

Amount of Each Receipt this Period
 1000.00

B. Dr. Samir Belagaje
Full Name (Last, First, Middle Initial)

Mailing Address 2312 Reserve Dr NE

City Atlanta State GA Zip Code 30319-5908

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 ▼ 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107395

Amount of Each Receipt this Period
 501.00

C. Dr. Noah Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 44 Richards Road

City Port Washington State NY Zip Code 11050-3823

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

Name of Employer North Shore Occupation 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
 04 / 20 / 2015
Transaction ID : 38107397

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1651.00

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 28 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9235 NW 26th Avenue

City Gainesville State FL Zip Code 32606-9180

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

Name of Employer Univ. of FL Dept. of Neurology Occupation Behavioral Neurology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 38107399

Amount of Each Receipt this Period
 1.00

B. Dr. Yuen T. So
Full Name (Last, First, Middle Initial)

Mailing Address 300 Pasteur Drive - Rm A342
Mail Code 5235

City Stanford State CA Zip Code 94305-5235

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

Name of Employer Stanford Univ Dept of Neurology 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
 04 / 20 / 2015
Transaction ID : 38107401

Amount of Each Receipt this Period
 500.00

C. Dr. S H. Subramony
Full Name (Last, First, Middle Initial)

Mailing Address 7679 SW 25th Ave

City Gainesville State FL Zip Code 32608-0324

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

Name of Employer University of Florida 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
 04 / 21 / 2015
Transaction ID : 38107464

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 29 OF 45
	<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. Tetsuo Ashizawa
Full Name (Last, First, Middle Initial)
Mailing Address 6618 SW 100th Lane
City Gainesville State FL Zip Code 32608-6383
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2015
Transaction ID : 38107470
Amount of Each Receipt this Period
500.00

B. Dr. Ann H. Tilton
Full Name (Last, First, Middle Initial)
Mailing Address 30 Pelham Dr
City Metairie State LA Zip Code 70005-4454
FEC ID number of contributing federal political committee. **C**
Name of Employer LSU Med. Center Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2015
Transaction ID : 38107472
Amount of Each Receipt this Period
1000.00

C. Dr. Stanley Fahn
Full Name (Last, First, Middle Initial)
Mailing Address 155 Edgars Ln
City Hastings On Hudson State NY Zip Code 10706-1107
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Univ. Occupation Neurologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2015
Transaction ID : 38107476
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 45
(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. Dr. Francis X. Conidi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1288 NE Ocean Blvd
 City State Zip Code
 Stuart FL 34996-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Center for Headache & Sports N 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
 04 / 21 / 2015
Transaction ID : 38107478
 Amount of Each Receipt this Period
 500.00

B. Dr. Briseida E. Feliciano-Astacio
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8818
 City State Zip Code
 Caguas PR 00726-8818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neoera Medical 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
 04 / 21 / 2015
Transaction ID : 38107485
 Amount of Each Receipt this Period
 500.00

C. Dr. Rut D. Dholakia
 Full Name (Last, First, Middle Initial)
 Mailing Address 527 Country Club Drive
 City State Zip Code
 Stockbridge GA 30281-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaiser Permanente 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
 04 / 21 / 2015
Transaction ID : 38107489
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 45
<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 (Last, First, Middle Initial) A. Dr. Binit Shah		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 Transaction ID : 38107493
Mailing Address 103 Christa Court		Amount of Each Receipt this Period 250.00
City Charlottesville	State VA	Zip Code 22903-4244
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Virginia	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gil I. Wolfe		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 Transaction ID : 38107496
Mailing Address 217 Lakefront Blvd.		Amount of Each Receipt this Period 300.00
City Buffalo	State NY	Zip Code 14202-4314
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. at Buffalo/Suny	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. David C. Good		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 Transaction ID : 38107524
Mailing Address PO Box 859 Neurology Dept, 30 Hope Dr, EC037		Amount of Each Receipt this Period 1000.00
City Hershey	State PA	Zip Code 17033-0859
FEC ID number of contributing federal political committee. C		
Name of Employer Penn State Hershey Med Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 32 OF 45
	<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. Lawrence R. Wechsler
Full Name (Last, First, Middle Initial)

Mailing Address Department of Neurology
3471 Fifth Avenue, 802 Kaufmann

City Pittsburgh State PA Zip Code 15213-3232

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

Name of Employer UPMC Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 21 / 2015
Transaction ID : 38107529

Amount of Each Receipt this Period
1000.00

B. Dr. Nassim Zecavati
Full Name (Last, First, Middle Initial)

Mailing Address 1920 N Dinwiddie St

City Arlington State VA Zip Code 22207-1930

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

Name of Employer Georgetown University Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
04 / 21 / 2015
Transaction ID : 38107530

Amount of Each Receipt this Period
350.00

c. 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 ▼
250.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 38107677

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 45
<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 (Last, First, Middle Initial) A. Dr. Rajesh Bhatnagar		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 Transaction ID : 38107688
Mailing Address 26 W Woods Rd		Amount of Each Receipt this Period 500.00
City Great Neck	State NY	Zip Code 11020-1220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Montefiore	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Mahlon R. DeLong		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 Transaction ID : 38108604
Mailing Address 101 Woodruff Circle Suite 6313 Woodruff Memorial Bldg		Amount of Each Receipt this Period 300.00
City Atlanta	State GA	Zip Code 30322-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Dept of Neur Emory University	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. David C. Anderson		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 Transaction ID : 38109216
Mailing Address 2022 Summit Avenue		Amount of Each Receipt this Period 500.00
City Saint Paul	State MN	Zip Code 55105-1460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Minnesota	Occupation 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).....▶	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 34 OF 45
	<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. Erich W. Garland
Full Name (Last, First, Middle Initial)

Mailing Address 5843 E Middle Fork Rd

City Idaho Falls State ID Zip Code 83406-8329

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

Name of Employer Idaho Falls Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : 38109474

Amount of Each Receipt this Period
 1500.00

B. Mr. Mike Amery
Full Name (Last, First, Middle Initial)

Mailing Address 20308 Trolley Crossing Ct.

City Montgomery Village State MD Zip Code 20886-5838

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

Name of Employer American Academy of Neurology Occupation Legislative Counsel, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 38109543

Amount of Each Receipt this Period
 900.00

C. Dr. Michael A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1029 Pier Pointe Lndg

City Baltimore State MD Zip Code 21230-3975

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

Name of Employer LifeBridge Health Brain & Spine Instit Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 38110420

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
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 35 OF 45
	<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. 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 04 / 23 / 2015
Transaction ID : 38110424
Amount of Each Receipt this Period 500.00

B. Dr. Daniel Tarsy
Full Name (Last, First, Middle Initial)
Mailing Address 330 Brookline Ave KS 228
City Boston State MA Zip Code 02215-5400
FEC ID number of contributing federal political committee. **C**
Name of Employer Beth Israel Deaconess Med Ctr Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 38110425
Amount of Each Receipt this Period 250.00

C. Dr. Bradford Lynn Talcott
Full Name (Last, First, Middle Initial)
Mailing Address 5566 Clearfield Ln
City Ammon State ID Zip Code 83406-8377
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Neurologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 38111313
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
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 36 OF 45
	<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 (Last, First, Middle Initial) A. Dr. Nancy N. Futrell		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2015 Transaction ID : 38111314
Mailing Address 7930 Majestic Drive		Amount of Each Receipt this Period 500.00
City Cottonwood Heights	State UT	Zip Code 84121-5789
FEC ID number of contributing federal political committee. C		
Name of Employer Intermountain Stroke Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Aaron E. Miller		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2015 Transaction ID : 38111317
Mailing Address 55 E 86th St Apt 7B		Amount of Each Receipt this Period 1090.00
City New York	State NY	Zip Code 10028-1059
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai School of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel C. Potts		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2015 Transaction ID : 38111318
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	2090.00
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 37 OF 45
	<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. Lisa M. Shulman
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Paca Steet
Dept of Neurology, RM: 3-S-127

City Baltimore State MD Zip Code 21201-1642

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

Name of Employer U of MD At Baltimore Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2015
Transaction ID : 38111435

Amount of Each Receipt this Period
1000.00

B. Dr. Carolyn B. Britton
Full Name (Last, First, Middle Initial)

Mailing Address 710 W 168th St
Neurological Institute

City New York State NY Zip Code 10032-3726

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

Name of Employer NewYork-Presbyterian/Columbia 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
04 / 20 / 2015
Transaction ID : 38111436

Amount of Each Receipt this Period
250.00

C. Dr. Thomas R. Swift
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Bransford Rd

City Augusta State GA Zip Code 30909-3090

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

Name of Employer Medical College of Georgia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2015
Transaction ID : 38111437

Amount of Each Receipt this Period
1000.00

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 38 OF 45
	<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. Bennett L. Lavenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 4210 Rosemary St
 City Chevy Chase State MD Zip Code 20815-5218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Childrens National Med Ctr 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
 04 / 22 / 2015
Transaction ID : 38111950
 Amount of Each Receipt this Period
 500.00

B. Dr. Stephanie R. Lash
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Glen Cove Dr Ste 102
 City Rockport State ME Zip Code 04856-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PBPA Occupation 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
 04 / 22 / 2015
Transaction ID : 38111951
 Amount of Each Receipt this Period
 200.00

C. Dr. Elaine C. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Bay Spring Ave
 City Barrington State RI Zip Code 02806-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 38112088
 Amount of Each Receipt this Period
 3500.00

SUBTOTAL of Receipts This Page (optional).....▶	4200.00
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 39 OF 45
	<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 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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 38115850

Amount of Each Receipt this Period
200.00

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

Mailing Address 4732 Lost Creek Lane

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest 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
04 / 25 / 2015

Transaction ID : 38115851

Amount of Each Receipt this Period
100.00

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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 38115852

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	385.00
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 40 OF 45
<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. Steven J. Cavalier
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Ridgetop Dr
 City Baton Rouge State LA Zip Code 70809-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baton Rouge Clinic, AMC Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 38128254
 Amount of Each Receipt this Period
 125.00

B. Dr. Jennifer J. Majersik
 Full Name (Last, First, Middle Initial)
 Mailing Address 1746 Yalecrest Ave
 City Salt Lake City State UT Zip Code 84108-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Utah Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 38128455
 Amount of Each Receipt this Period
 35.00

C. Dr. Deborah I. Friedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 Edgestone Rd
 City Dallas State TX Zip Code 75230-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Southwestern Medic Occupation Faculty Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 38152260
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 41 OF 45
	<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. Henry Levenson
Full Name (Last, First, Middle Initial)

Mailing Address 2287 Lambert Drive

City Pasadena State CA Zip Code 91107-2414

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

Name of Employer Synovation Medical Group Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : 38153080

Amount of Each Receipt this Period
 400.00

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

Mailing Address 538 Bond Ave NW Apt. 814

City Grand Rapids State MI Zip Code 49503-6709

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

Name of Employer Spectrum Health Occupation Neurologist

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
 04 / 30 / 2015

Transaction ID : 38166042

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$208.33 This changes the YTD Total to \$0.00

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

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	57993.67

**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. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : 38068054

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Amy Klobuchar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : 38068055

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Campaign Contribution Funds Reported On April 20 Monthly

011

Candidate Name

Sen. Chris Scott Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : 38068201

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]
Campaign Contribution Funds Reported On April 20 Monthly

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Campaign Contribution Re-designated funds for trans. dated 3/19/2015

011

Candidate Name
Sen. Chris Scott Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Convention2015**

State: CT District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : 38068202

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Campaign Contribution Re-designated funds for trans. dated 3/19/2015

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
Leadership PAC Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 38079329

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 38079330

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

2000.00

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. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2015

Transaction ID : 38079331

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

Amount of Each Disbursement this Period

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

2500.00

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

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)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Elysia James

Mailing Address 538 Bond Ave NW
Apt. 814

City Grand Rapids State MI Zip Code 49503-6709

Purpose of Disbursement
Refund of contribution made on 4/20/2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 38145237

Amount of Each Disbursement this Period

Refund of contribution made on 4/20/2015

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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