

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		225164.49
(b) Cash on Hand at Beginning of Reporting Period.....	225164.49	
(c) Total Receipts (from Line 19)	24460.00	24460.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	249624.49	249624.49
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	249624.49	249624.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

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).....	9098.00	9098.00
(ii) Unitemized	15362.00	15362.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24460.00	24460.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24460.00	24460.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	24460.00	24460.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24460.00	24460.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24460.00	24460.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24460.00	24460.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<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"/>	<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. Anderson, Eric, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5921 Bayview Circle South

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

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

Name of Employer (for Individual) Intensive Neuro	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2019

Transaction ID : 43029517

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 15 VASSAR DR SE

City ROME	State GA	Zip Code 30161-6201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harbin Clinic Neurosciences	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2019

Transaction ID : 43060954

Amount of Each Receipt this Period
1000.00

Memo Item

C. Loftus, Brian, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6700 West Loop S Ste 330

City Bellaire	State TX	Zip Code 77401-4138
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bellaire Neurology, PA	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2019

Transaction ID : 43061181

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1459.00
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 12
	<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. Finney, Glen, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 Homestead Dr

City Dallas	State PA	Zip Code 18612-7227
----------------	-------------	------------------------

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

Name of Employer (for Individual) Geisinger Specialty Clinic	Occupation (for Individual) Behavioral Neurology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2019

Transaction ID : 43061212

Amount of Each Receipt this Period

208.34

 Memo Item

B. Lewis, Steven, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Timber Hill Road

City Highland Park	State IL	Zip Code 60035-5121
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lehigh Valley Health Network	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2019

Transaction ID : 43061216

Amount of Each Receipt this Period

209.00

 Memo Item

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

Mailing Address 12112 Aboite Center Rd

City Fort Wayne	State IN	Zip Code 46814-9528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Allied Physicians, Inc.	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2019

Transaction ID : 43061243

Amount of Each Receipt this Period

209.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	626.34
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 8 OF 12
	<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. Busis, Neil, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6934 Rosewood St
 City Pittsburgh State PA Zip Code 15208-2639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPP Department of Neurology-Shadyside Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 01 / 23 / 2019
Transaction ID : 43063362
 Amount of Each Receipt this Period 278.00
 Memo Item

B. Moschonas, Constantine, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8113 E Del Cuarzo Dr
 City Scottsdale State AZ Zip Code 85258-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Four Peaks Neurology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 24 / 2019
Transaction ID : 43071961
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Prusinski, Christopher, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Lansing Island
 City Indian Harbour Beach State FL Zip Code 32937-5354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 26 / 2019
Transaction ID : 43078893
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1237.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
<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. Wiesman, Janice, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E 38th Street
Apt 14D

City New York State NY Zip Code 10016-2768

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

Name of Employer (for Individual) New York University Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 27 / 2019
Transaction ID : 43078943

Amount of Each Receipt this Period 225.00

Memo Item

B. Kissela, Brett, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Road

City Montgomery State OH Zip Code 45242-6311

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

Name of Employer (for Individual) University of Cincinnati Hospital Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 27 / 2019
Transaction ID : 43078946

Amount of Each Receipt this Period 209.00

Memo Item

C. Cohen, Bruce, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3141 Neille Lane

City Twinsburg State OH Zip Code 44087-3808

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

Name of Employer (for Individual) Children's Hospital Medical Center of Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 28 / 2019
Transaction ID : 43079143

Amount of Each Receipt this Period 225.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	659.00
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 12
<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. Jung Henson, Lily, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4785 Kitty Hawk Drive
 City Atlanta State GA Zip Code 30342-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Henry Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 28 / 2019
Transaction ID : 43079144
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Morkous, Sameh, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 Yorkshire Drive
 City Macungie State PA Zip Code 18062-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehigh Valley Pediatric Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2019
Transaction ID : 43081269
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Schwarz, Heidi, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) URMOC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2019
Transaction ID : 43082285
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 12
<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. Schwarz, Heidi, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Gorham St

City Canandaigua	State NY	Zip Code 14424-1805
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) URMC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2019

Transaction ID : 43082287

Amount of Each Receipt this Period
100.00

Memo Item

B. Wolfe, Gil, I., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 Lakefront Blvd.

City Buffalo	State NY	Zip Code 14202-4314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. At Buffalo, SUNY	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2019

Transaction ID : 43126139

Amount of Each Receipt this Period
1100.00

Memo Item

C. Gomez, Francisco, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1252 Keyes Ave

City Schenectady	State NY	Zip Code 12309-5728
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gomez Neurology	Occupation (for Individual) Neurologist
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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
01	/	05	/	2019

Transaction ID : 43126141

Amount of Each Receipt this Period
250.00

Memo Item

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 12 OF 12
	<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. Goodman, Andrew, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Elmwood Ave # 605

City Rochester	State NY	Zip Code 14642-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Rochester Dept. Neurolog	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		05		2019

Transaction ID : 43126148

Amount of Each Receipt this Period
250.00

Memo Item

B. Hohler, Anna, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 Morton Street

City Needham Heights	State MA	Zip Code 02494-1204
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Steward SEMC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		06		2019

Transaction ID : 43145825

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	9098.00