

# 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

Check if different than previously reported. (ACC)

Washington DC 20002

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

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day **POST-Election** Report for the:

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 04 / 30 / 2016

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 M M / D D / Y Y Y Y Y Y 06 / 01 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="99622.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="84946.99"/>	<input type="text" value="185919.74"/>
(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="184569.88"/>	<input type="text" value="333179.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16500.00"/>	<input type="text" value="165110.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="168069.88"/>	<input type="text" value="168069.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66659.21	137704.79
(ii) Unitemized .....	18287.78	47714.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	84946.99	185419.74
(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) .....	84946.99	185419.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	84946.99	185919.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	84946.99	185919.74

**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.....	16000.00	163000.00
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 .....	500.00	2110.00
(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)).....	500.00	2110.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16500.00	165110.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	165110.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	84946.99	185419.74
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	2110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84446.99	183309.74
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Adding employer/occupation to several donors.

Form/Schedule:  
Transaction ID:

**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 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr. Edgar J. Kenton III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Academy Ave  
 City Danville State PA Zip Code 17822-9800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Health system Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4000.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : 39318040**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Bay Spring Ave  
 City Barrington State RI Zip Code 02806-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1727.27**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : 39318043**  
 Amount of Each Receipt this Period **409.09**  
 Memo Item

**C. 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 **500.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : 39319080**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1909.09</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<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. Nicholas Elwood Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2207 E Camino Way

City Salt Lake City State UT Zip Code 84121-4908

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 02 / 2016  
**Transaction ID : 39319091**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Dr. Jesse W. Mindel**  
Full Name (Last, First, Middle Initial)

Mailing Address 949 Adin Trl

City Columbus State OH Zip Code 43235-1787

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

Name of Employer Ohio State University Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : 39338270**

Amount of Each Receipt this Period 250.00

Memo Item

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

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 Self Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2016  
**Transaction ID : 39346992**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 50
	<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 ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : 39347542**

Amount of Each Receipt this Period  
 84.00

Memo Item

**B. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2016

**Transaction ID : 39348597**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. 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 M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2016

**Transaction ID : 39348598**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<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. 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 **836.00**

Date of Receipt **04 / 13 / 2016**  
**Transaction ID : 39352087**  
 Amount of Each Receipt this Period **209.00**  
 Memo Item

**B. 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 / 17 / 2016**  
**Transaction ID : 39360677**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

**C. Dr. Eric Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2152 Spring Creek Road  
 City Decatur State GA Zip Code 30033-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 19 / 2016**  
**Transaction ID : 39361129**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1793.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<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. 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 04 / 19 / 2016  
**Transaction ID : 39361139**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 04 / 19 / 2016  
**Transaction ID : 39361140**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. 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 ▼ 1666.64

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39361141**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<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. Amy E. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **04 / 19 / 2016**

**Transaction ID : 39361440**

Amount of Each Receipt this Period **75.00**

Memo Item

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

Mailing Address 7839 Boothill Dr

City Park City State UT Zip Code 84098-5322

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

Name of Employer Univerty of Utah Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 15 / 2016**

**Transaction ID : 39384688**

Amount of Each Receipt this Period **300.00**

Memo Item

**C. Dr. Beau Katsuki Nakamoto**  
Full Name (Last, First, Middle Initial)

Mailing Address 3244 Woodlawn Drive

City Honolulu State HI Zip Code 96822-1468

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

Name of Employer Straub Clinic/University of Hawaii Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 15 / 2016**

**Transaction ID : 39384690**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
<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. Teresa L. Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Landsdowne Road

City Ann Arbor State MI Zip Code 48105-1052

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

Name of Employer University of Michigan Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384704**

Amount of Each Receipt this Period 2000.00

Memo Item

**B. Dr. William C. Davison**  
Full Name (Last, First, Middle Initial)

Mailing Address 922 Seminole Road

City Wilmette State IL Zip Code 60091-1223

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

Name of Employer North Western Univ Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384708**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Dr. Ralph L. Sacco**  
Full Name (Last, First, Middle Initial)

Mailing Address 1379 North Venetian Way

City Miami Beach State FL Zip Code 33139-1139

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

Name of Employer University of Miami Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384709**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

**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 50
	<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. Ann M. Hake**  
Full Name (Last, First, Middle Initial)

Mailing Address 4398 Asbury Street

City Indianapolis State IN Zip Code 46227-8608

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

Name of Employer Indiana University Occupation Neurologist

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 / 15 / 2016  
**Transaction ID : 39384712**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B. Dr. J. Clay Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Robinhood St Apt 1608

City Houston State TX Zip Code 77005-2561

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

Name of Employer Baylor Medical School 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 / 15 / 2016  
**Transaction ID : 39384715**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. Dr. Joseph V. Fritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6245 Creekhaven Drive

City East Amherst State NY Zip Code 14051-2077

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

Name of Employer Dent Institute Occupation Administrator

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 / 15 / 2016  
**Transaction ID : 39384716**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. David C. Good**  
Full Name (Last, First, Middle Initial)

Mailing Address 1160 Stoney Run Road

City Hummelstown State PA Zip Code 17036-8536

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

Name of Employer Penn State Hershey Med Center Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 39384720**

Amount of Each Receipt this Period 300.00

Memo Item

**B. 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 04 / 15 / 2016  
**Transaction ID : 39384723**

Amount of Each Receipt this Period 1200.00

Memo Item

**C. 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 04 / 15 / 2016  
**Transaction ID : 39384725**

Amount of Each Receipt this Period 1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
<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. 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 Univ of Kansas 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 / 15 / 2016  
**Transaction ID : 39384729**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1550 Amundson Lane

City Stillwater State MN Zip Code 55082-4135

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

Name of Employer St. Croix Regional Medical Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2016  
**Transaction ID : 39384830**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Dr. Neil R. Holland**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Jermyn Drive

City Clarks Summit State PA Zip Code 18411-1038

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

Name of Employer Neurology Specialists of Monmouth Coun 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 / 16 / 2016  
**Transaction ID : 39384831**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Dr. Timothy A. Pedley**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Grace Church St.

City	State	Zip Code
Rye	NY	10580-3926

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

Name of Employer	Occupation
Columbia University	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2016

**Transaction ID : 39384837**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Jesse M. Cedarbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Old Barnabas Rd

City	State	Zip Code
Woodbridge	CT	06525-1923

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

Name of Employer	Occupation
Cytokinetics	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2016

**Transaction ID : 39384844**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. David K. Urion**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Pierce Hill Road

City	State	Zip Code
Lincoln	MA	01773-3201

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

Name of Employer	Occupation
Boston Childrens Hosp	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2016

**Transaction ID : 39384846**

Amount of Each Receipt this Period  
1100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<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 5565 Northumberland Street  
 City Pittsburgh State PA Zip Code 15217-1163  
 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 / 16 / 2016  
**Transaction ID : 39384847**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Deborah I. Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 Edgestone Road  
 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 300.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384849**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Dr. Joseph F. Seipel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1119 Doebrook Drive  
 City New Albany State IN Zip Code 47150-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Floyd Memorial Medical Group Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 04 / 16 / 2016  
**Transaction ID : 39384851**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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. Binit Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Christa Court  
 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:  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 / 16 / 2016  
**Transaction ID : 39384852**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Dr. Aamir Rasheed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Sunrise Place  
 City Vestal State NY Zip Code 13850-2899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neuro Medical Care Associates 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 / 16 / 2016  
**Transaction ID : 39384853**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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 84132-0002  
 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 / 16 / 2016  
**Transaction ID : 39384856**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
<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. Vitalie Lupu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 NW Naito Pkwy, Apt 908

City Portland	State OR	Zip Code 97209-3162
------------------	-------------	------------------------

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

Name of Employer Providence Health & Services	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	/	16	/	2016

**Transaction ID : 39384860**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Jeffrey R. Buchhalter**  
Full Name (Last, First, Middle Initial)

Mailing Address 1331 Windsor Street NW

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2016

**Transaction ID : 39384863**

Amount of Each Receipt this Period  
750.00

Memo Item

Is a US Citizen

**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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2016

**Transaction ID : 39384870**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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. William B. Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Yeakel Avenue

City Erdenheim State PA Zip Code 19038-7827

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

Name of Employer Jefferson Headache Center 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 / 16 / 2016  
**Transaction ID : 39384873**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Dr. Timothy A. Pedley**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Grace Church St.

City Rye State NY Zip Code 10580-3926

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

Name of Employer Columbia University 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 / 16 / 2016  
**Transaction ID : 39384874**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Dr. Mircea A. Morariu**  
Full Name (Last, First, Middle Initial)

Mailing Address 855 NE Orchid Bay Dr.

City Boca Raton State FL Zip Code 33487-1751

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

Name of Employer Florida Neurologic Center 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 / 16 / 2016  
**Transaction ID : 39384877**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. David E. Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Yorkshire Lane

City Delmar State NY Zip Code 12054-1327

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

Name of Employer Albany Med. College 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 / 16 / 2016  
**Transaction ID : 39384881**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Susana M. Bowling**  
Full Name (Last, First, Middle Initial)

Mailing Address 3097 Highland Dr

City Cuyahoga Falls State OH Zip Code 44224-3002

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

Name of Employer Summa Health 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 / 16 / 2016  
**Transaction ID : 39384884**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dr. Anna D. Hohler**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Morton Street

City Needham Heights State MA Zip Code 02494-1204

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

Name of Employer BUMC Dept. of Neurology Occupation Physician

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 / 16 / 2016  
**Transaction ID : 39384886**

Amount of Each Receipt this Period  
1400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Dr. Timothy Herron**  
Full Name (Last, First, Middle Initial)

Mailing Address 226 East Washington Street

City Sandusky State OH Zip Code 44870-2611

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

Name of Employer self-employed Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385022**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Jack W. Tsao**  
Full Name (Last, First, Middle Initial)

Mailing Address 5267 Rich Rd

City Memphis State TN Zip Code 38120-1936

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

Name of Employer University of Tennessee Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385029**

Amount of Each Receipt this Period 500.00

Memo Item

**C. 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 04 / 17 / 2016  
**Transaction ID : 39385038**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Dr. Stephanie J. Nahas**  
Full Name (Last, First, Middle Initial)

Mailing Address 327 E Allens Ln

City Philadelphia State PA Zip Code 19119-1102

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

Name of Employer Jefferson University Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385082**

Amount of Each Receipt this Period 400.00

Memo Item

**B. Dr. Lynne P. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 9th Avenue, C2-HEM

City Seattle State WA Zip Code 98101-2756

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

Name of Employer Tufts Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385083**

Amount of Each Receipt this Period 2500.00

Memo Item

**C. Dr. Lisa M. Shulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Paca St  
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 04 / 17 / 2016  
**Transaction ID : 39385091**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3900.00

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



SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50		
	<input checked="checked" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Dr. Jacqueline W.L. Chan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 447 W Eaton Ave  
 Dept of Neurology  
 City Tracy State CA Zip Code 95376-3420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sutter Health Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385099**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 ▼ 1100.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385100**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Dr. Shanker Sundrani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1151 Eagle Ridge  
 City El Paso State TX Zip Code 79912-7476  
 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 / 17 / 2016  
**Transaction ID : 39385103**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Dr. David C. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2022 Summit Avenue  
 City Saint Paul State MN Zip Code 55105-1460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Minnesota Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385104**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Korwyn Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 E Thomas Rd  
 Division of Neurology  
 City Phoenix State AZ Zip Code 85016-7710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phoenix Children's Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2016  
**Transaction ID : 39385107**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Alberto J. Espay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6936 Royalgreen Dr  
 City Cincinnati State OH Zip Code 45244-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Cincinnati Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385181**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<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 T. Kissel**  
Full Name (Last, First, Middle Initial)

Mailing Address 395 W. 12th Ave.  
Dept of Neurology

City Columbus State OH Zip Code 43210-1250

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

Name of Employer Ohio State University Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2016  
**Transaction ID : 39385182**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. David C. Preston**  
Full Name (Last, First, Middle Initial)

Mailing Address 2685 Wadsworth Road

City Shaker Heights State OH Zip Code 44122-2009

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

Name of Employer University Hospitals Case Medical Cent Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2016  
**Transaction ID : 39385183**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1000 Minor Avenue  
Apt 1403

City Seattle State WA Zip Code 98104-1398

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  
MM / DD / YYYY  
04 / 18 / 2016  
**Transaction ID : 39385188**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<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. Justin A. Zivin**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

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

Name of Employer Retired Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385189**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Justin A. Zivin**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

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

Name of Employer Retired Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385196**

Amount of Each Receipt this Period 500.00

Memo Item

**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 04 / 18 / 2016  
**Transaction ID : 39385197**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. Karen L. Furie**  
Full Name (Last, First, Middle Initial)

Mailing Address 593 Eddy St # APC5

City Providence State RI Zip Code 02903-4923

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

Name of Employer Rhode Island Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385198**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3112 N. Greystone Drive

City Morgantown State WV Zip Code 26508-8601

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

Name of Employer WVU Headache Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385199**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. John R. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 928 Mapleton Ave

City Oak Park State IL Zip Code 60302-1404

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 ▼  
2500.00

Date of Receipt  
04 / 18 / 2016  
**Transaction ID : 39385201**

Amount of Each Receipt this Period  
2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<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. Parthasarathy Thirumala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 Park Place  
 City Glenshaw State PA Zip Code 15116-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pittsburgh 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 / 2016  
**Transaction ID : 39385202**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Jose Biller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1917 W Fletcher St  
 City Chicago State IL Zip Code 60657-2028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loyola University Med. Ctr 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 / 18 / 2016  
**Transaction ID : 39385206**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Laurie Gutmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 826 Sugar Loaf Circle  
 City Iowa City State IA Zip Code 52245-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Iowa 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 / 18 / 2016  
**Transaction ID : 39385208**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<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	State	Zip Code
Ada	MI	49301-8133

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

Name of Employer	Occupation
Henry Ford Hospital	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2016

**Transaction ID : 39385210**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Dr. Miriam L. Freimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 639 Crossing Creek South

City	State	Zip Code
Gahanna	OH	43230-6114

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

Name of Employer	Occupation
Ohio State University	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	/	18	/	2016

**Transaction ID : 39385214**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 400 East 56th Street

City	State	Zip Code
New York	NY	10022-4339

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

Name of Employer	Occupation
Memorial Sloan Kettering Cancer Center	Physician

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	/	18	/	2016

**Transaction ID : 39385217**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<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. James Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 181 Waling

City Memphis State TN Zip Code 38117-2435

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

Name of Employer Tri-State Neurology 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 / 18 / 2016  
**Transaction ID : 39385219**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 201 Chicago Avenue

City Minneapolis State MN Zip Code 55415-1126

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

Name of Employer American Brain Foundation Occupation Executive Director

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 / 18 / 2016  
**Transaction ID : 39385220**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 175 N Medical Dr E 3rd Fl

City Salt Lake City State UT Zip Code 84112-1505

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2016  
**Transaction ID : 39385221**

Amount of Each Receipt this Period  
 250.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<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 Stitzer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1753 W. Univesity Heights Dr. S.

City	State	Zip Code
Flagstaff	AZ	86005-9126

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

Name of Employer	Occupation
Winslow Indian Health Care Center	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2016

**Transaction ID : 39385285**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. 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	/	19	/	2016

**Transaction ID : 39385287**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3009 Bransford Rd

City	State	Zip Code
Augusta	GA	30909-3090

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

Name of Employer	Occupation
Medical College of Georgia	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	/	19	/	2016

**Transaction ID : 39385291**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
<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. Nicole A. Chiota-McCollum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1267 Redfields Road  
 City Charlottesville State VA Zip Code 22903-7892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAF Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : 39385295**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**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 Occupation  
 LSU Med. Center Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : 39385300**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dr. Aaron E. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 East 86th Street Apt. 7B  
 City New York State NY Zip Code 10028-1059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mount Sinai School of Medicine Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 19 / 2016  
**Transaction ID : 39385304**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<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 Kent St. Louis**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 1st St SW

City Rochester State MN Zip Code 55905-0002

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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : 39385305**

Amount of Each Receipt this Period  
 225.00

Memo Item

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

Mailing Address 1100 9th Ave

City Seattle State WA Zip Code 98101-2756

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

Name of Employer VMMC 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 / 2016

**Transaction ID : 39385307**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Dr. Susan B. Bressman**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 EastEnd Avenue

City New York State NY Zip Code 10028-7553

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

Name of Employer Philip Ambulatory Care Center, Beth Is 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 / 19 / 2016

**Transaction ID : 39385311**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<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. Theodore Faber**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 Persimmon Fork Rd

City Blythewood State SC Zip Code 29016-8305

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

Name of Employer University of S. Carolina Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : 39385312**

Amount of Each Receipt this Period 500.00

Memo Item

**B. 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 04 / 20 / 2016  
**Transaction ID : 39385379**

Amount of Each Receipt this Period 250.00

Memo Item

**c. Dr. Syeda Laila Alqadri**  
Full Name (Last, First, Middle Initial)

Mailing Address 6811 Old Canton Rd Apt # 2901

City Ridgeland State MS Zip Code 39157-1276

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

Name of Employer University of Mississippi Medical Cent Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 04 / 20 / 2016  
**Transaction ID : 39385386**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<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) <b>A. Dr. Fernando Santos Pinheiro</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2016 <b>Transaction ID : 39385401</b>
Mailing Address 133 Colonial Drive Apt 507		Amount of Each Receipt this Period 250.00
City White River Junction	State VT	Zip Code 05001-2943
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Dartmouth-Hitchcock Medical Center	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>B. Mr. Mike Amery</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2016 <b>Transaction ID : 39385500</b>
Mailing Address 20308 Trolley Crossing Ct.		Amount of Each Receipt this Period 1000.00
City Montgomery Village	State MD	Zip Code 20886-5838
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer American Academy of Neurology	Occupation Legislative Counsel, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mohammad Yaseen</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2016 <b>Transaction ID : 39385507</b>
Mailing Address 8610 Bradmoor Dr		Amount of Each Receipt this Period 500.00
City Bethesda	State MD	Zip Code 20817-3633
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50
	<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 04 / 17 / 2016  
**Transaction ID : 39385534**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Jeffrey A. Samuels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 SE 2nd St #1302  
 City Fort Lauderdale State FL Zip Code 33301-3682  
 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 ▼ 350.00

Date of Receipt 04 / 18 / 2016  
**Transaction ID : 39385568**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dr. Stanley J. Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 Ronds Pointe Dr. West  
 City Tallahassee State FL Zip Code 32312-6788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tallahassee Neurology Associates Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 23 / 2016  
**Transaction ID : 39386679**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	690.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
<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. Joseph S. Kass**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4903 Valerie  
City Belleaire 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 **336.00**

Date of Receipt **04 / 23 / 2016**  
**Transaction ID : 39386682**  
Amount of Each Receipt this Period **84.00**  
 Memo Item

**B. Dr. William S. Gilmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2323 Dunstan Rd  
City Houston State TX Zip Code 77005-2613  
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 **340.00**

Date of Receipt **04 / 24 / 2016**  
**Transaction ID : 39386711**  
Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Dr. Janice F. Wiesman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 330 E 38th Street Apt 14D  
City New York State NY Zip Code 10016-2768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boston University School of Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **836.00**

Date of Receipt **04 / 24 / 2016**  
**Transaction ID : 39386713**  
Amount of Each Receipt this Period **209.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>378.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
	<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 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 **336.00**

Date of Receipt **04 / 24 / 2016**  
**Transaction ID : 39386714**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

**B. Dr. David L. Camenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Glenwood Ave  
 City Augusta State ME Zip Code 04330-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : 39386730**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**C. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : 39386731**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>294.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50
	<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 / 2016**

**Transaction ID : 39386734**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**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 ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : 39386735**

Amount of Each Receipt this Period  
**80.00**

Memo Item

**C. Dr. David W. Brandes**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Autumn Woods Drive

City Sweetwater State TN Zip Code 37874-6482

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : 39386736**

Amount of Each Receipt this Period  
**85.00**

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50
	<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 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 / 2016  
**Transaction ID : 39395699**

Amount of Each Receipt this Period  
 125.00

Memo Item

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

Mailing Address 828 Homestead Dr

City Dallas State PA Zip Code 18612-7227

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

Name of Employer Geisinger Occupation Behavioral Neurology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : 39395700**

Amount of Each Receipt this Period  
 208.34

Memo Item

**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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : 39395701**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 94 Shenandoah Court

City Portsmouth State OH Zip Code 45662-8660

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

Name of Employer Southern OH Med. Center Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : 39395702**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 9927 N. 123rd Street

City Scottsdale State AZ Zip Code 85259-6026

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

Name of Employer St. Joseph's Hospital 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 / 28 / 2016  
**Transaction ID : 39395709**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : 39395710**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 50
<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. 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 ▼  
821.88

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : 39395711**

Amount of Each Receipt this Period  
186.46

Memo Item

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

Mailing Address 1725 W Harrison St Ste 1106

City State Zip Code  
Chicago IL 60612-3845

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
836.00

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : 39395712**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

City State Zip Code  
Atlanta GA 30342-2506

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

Name of Employer Occupation  
Piedmont Healthcare Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
04 / 28 / 2016  
**Transaction ID : 39395713**

Amount of Each Receipt this Period  
416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 50
<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. Gregory L. Barkley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2890 Burlington St  
 City Ann Arbor State MI Zip Code 48105-1435  
 Name of Employer Henry Ford Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : 39395714**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Dr. Jonathan Hart McKinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7575 W Washington Ave, #127-160  
 City Las Vegas State NV Zip Code 89128-4333  
 Name of Employer Las Vegas Clinic Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : 39395717**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Dr. Ilo E. Leppik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 Western Ave  
 City Golden Valley State MN Zip Code 55427-4849  
 Name of Employer MINCEP Epilepsy Care Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 04 / 28 / 2016  
**Transaction ID : 39396730**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 50  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Justin A. Zivin**

Mailing Address **PO Box 676025**

City **Rancho Santa Fe** State **CA** Zip Code **92067-6025**

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

Name of Employer **Retired** 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
04	/	27	/	2016

**Transaction ID : 39569255**

Amount of Each Receipt this Period  

0.00
------

Memo Item

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period  

--

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period  

--

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	66659.21

**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. Clarke For Congress**

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Yvette D. Clarke**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : 39325028**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : 39325093**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. STEVE PAC**

Mailing Address 217 Third St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : 39325372**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Leadership PAC Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hoyer For Congress**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				2	5			2	0	1	6	

**Transaction ID : 39388907**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				2	6			2	0	1	6	

**Transaction ID : 39394451**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Mooney For Congress**

Mailing Address P.O. Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Alexander Mooney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				2	6			2	0	1	6	

**Transaction ID : 39394453**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item  
Campaign Contribution

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

9	5	0	0	0	0
---	---	---	---	---	---

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

9	5	0	0	0	0
---	---	---	---	---	---



**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. Kirk For Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

**Transaction ID : 39394454**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

**Transaction ID : 39394455**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

16000.00

**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. Justin A. Zivin**

Mailing Address PO Box 676025

City Rancho Santa Fe State CA Zip Code 92067-6025

Purpose of Disbursement  
Refund of duplicate contribution on 4/18/2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39395435**

Amount of Each Disbursement this Period

Memo Item  
Refund of duplicate contribution on 4/18/2016

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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