

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		114069.08
(b) Cash on Hand at Beginning of Reporting Period.....	89919.64	
(c) Total Receipts (from Line 19)	16124.67	215783.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106044.31	329852.64
7. Total Disbursements (from Line 31).....	3500.00	227308.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	102544.31	102544.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	13559.67	158242.37
(ii) Unitemized	2565.00	57541.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16124.67	215783.56
(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)	16124.67	215783.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16124.67	215783.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16124.67	215783.56

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	227000.00
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	0.00	308.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	308.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3500.00	227308.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	227308.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16124.67	215783.56
34. Total Contribution Refunds (from Line 28(d))	0.00	308.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16124.67	215475.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 08 / 01 / 2015
Transaction ID : 38428097
 Amount of Each Receipt this Period 125.00

B. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 08 / 01 / 2015
Transaction ID : 38428098
 Amount of Each Receipt this Period 262.50

C. Dr. Nicholas Elwood Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 E Camino Way
 City Salt Lake City State UT Zip Code 84121-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Utah Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 08 / 02 / 2015
Transaction ID : 38428180
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 487.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Allison L. Weathers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3444 Lake St
 City Evanston State IL Zip Code 60203-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RUMC Occupation RUMC Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.19

Date of Receipt 08 / 03 / 2015
Transaction ID : 38428198
 Amount of Each Receipt this Period 41.67

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 ▼ 700.00

Date of Receipt 08 / 09 / 2015
Transaction ID : 38450527
 Amount of Each Receipt this Period 100.00

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 ▼ 800.00

Date of Receipt 08 / 09 / 2015
Transaction ID : 38450528
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. 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 ▼ 672.00

Date of Receipt 08 / 11 / 2015
Transaction ID : 38452787
 Amount of Each Receipt this Period 84.00

B. Dr. David Hale
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Redmond Rd NW
 City Rome State GA Zip Code 30165-1416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harbin Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2015
Transaction ID : 38466340
 Amount of Each Receipt this Period 500.00

C. Dr. John M. Hannam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1329 S. 133 Street
 City Omaha State NE Zip Code 68144-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Omaha Neurological Clinic, Inc. Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2015
Transaction ID : 38466355
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1084.00
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 23
	<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. Preston C. Calvert
Full Name (Last, First, Middle Initial)

Mailing Address 10112 New London Dr

City Potomac State MD Zip Code 20854-4849

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 08 / 12 / 2015
Transaction ID : 38466487

Amount of Each Receipt this Period 1000.00

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

Mailing Address 12112 Aboite Center Rd

City Fort Wayne State IN Zip Code 46814-9528

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

Name of Employer Allied Physicians, Inc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 08 / 13 / 2015
Transaction ID : 38466499

Amount of Each Receipt this Period 262.50

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

Mailing Address 150 Woodmont Way

City Ridgeland State MS Zip Code 39157-8618

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

Name of Employer Muscle & Nerve, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2015
Transaction ID : 38467211

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1762.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Kimberly E. Monday
 Full Name (Last, First, Middle Initial)
 Mailing Address 4141 Vista Rd
 City Pasadena State TX Zip Code 77504-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Neurological Institute Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2015
Transaction ID : 38467719
 Amount of Each Receipt this Period 1000.00

B. Dr. Martin A. Samuels
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Durham Street Apartment 5
 City Boston State MA Zip Code 02115-5318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Womens Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2015
Transaction ID : 38467843
 Amount of Each Receipt this Period 500.00

C. 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 ▼ 1300.00

Date of Receipt 08 / 19 / 2015
Transaction ID : 38504749
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Nancy L. Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Stonybrook Road
 City Tenaflly State NJ Zip Code 07670-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 19 / 2015
Transaction ID : 38505000
 Amount of Each Receipt this Period 416.00

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Las Vegas Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 38509020
 Amount of Each Receipt this Period 100.00

c. Dr. Sarah Song
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 W. Concord Place, #405
 City Chicago State IL Zip Code 60647-5481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 38509033
 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<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. Joseph S. Kass		Date of Receipt MM / DD / YYYY 08 / 24 / 2015 Transaction ID : 38509125
Mailing Address 4903 Valerie		Amount of Each Receipt this Period 100.00
City Bellaire	State TX	Zip Code 77401-5707
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Dr. Dario M. Zagar		Date of Receipt MM / DD / YYYY 08 / 24 / 2015 Transaction ID : 38509127
Mailing Address 201 Fairmount Terrace		Amount of Each Receipt this Period 50.00
City Fairfield	State CT	Zip Code 06825-1758
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Neurologists of So. Ct.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Marc Raphaelson		Date of Receipt MM / DD / YYYY 08 / 24 / 2015 Transaction ID : 38509195
Mailing Address 20583 Trappe Rd		Amount of Each Receipt this Period 250.00
City Upperville	State VA	Zip Code 20184-3021
FEC ID number of contributing federal political committee. C		
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 ▼ 250.00	

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

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

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

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

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

Date of Receipt 08 / 24 / 2015
Transaction ID : 38509225
 Amount of Each Receipt this Period 1000.00

B. Dr. Lyell K. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 Scenic View Lane SW
 City Rochester State MN Zip Code 55902-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo MN Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 38509416
 Amount of Each Receipt this Period 23.00

C. Dr. Mill Etienne
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Coe Farm Road
 City Montebello State NY Zip Code 10901-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours Charity Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 38509417
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1123.00
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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. 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 ▼ 668.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : 38509418
 Amount of Each Receipt this Period
 84.00

B. Dr. Keith Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4119 W. 94th Terrace
 City Prairie Village State KS Zip Code 66207-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Mercy Hospital Occupation Self
 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
 08 / 24 / 2015
Transaction ID : 38509419
 Amount of Each Receipt this Period
 50.00

C. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 3356 Miro Place
 City Dallas State TX Zip Code 75204-7526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : 38509420
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. 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 ▼ 680.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 38509421
 Amount of Each Receipt this Period 85.00

B. Dr. Jaffar Khan
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Riverford Way
 City Lawrenceville State GA Zip Code 30043-6416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 38509424
 Amount of Each Receipt this Period 84.00

C. Dr. Roy D. Elterman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7777 Forest Lane Ste B116
 City Dallas State TX Zip Code 75230-6805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical City Dallas Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 38509444
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 669.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. 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 ▼ 680.00

Date of Receipt
 08 / 25 / 2015
Transaction ID : 38509498
 Amount of Each Receipt this Period
 85.00

B. Dr. Bruce Sigsbee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 Sennebec Rd
 City Union State ME Zip Code 04862-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penobscot Bay Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 08 / 25 / 2015
Transaction ID : 38509499
 Amount of Each Receipt this Period
 200.00

C. Dr. Gregory J. Esper
 Full Name (Last, First, Middle Initial)
 Mailing Address 2477 Oak Grove Estates
 City Atlanta State GA Zip Code 30345-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 08 / 25 / 2015
Transaction ID : 38509501
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	327.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. David R. Greeley

Mailing Address 1125 E 27th Avenue

City State Zip Code
Spokane WA 99203-3348

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

Name of Employer Occupation
Northwest Neurological Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 25 / 2015
Transaction ID : 38509502

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Dr. Faisal M. Qazi

Mailing Address 1240 West Valencia Mesa Drive

City State Zip Code
Fullerton CA 92833-2221

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

Name of Employer Occupation
Inland Neurologic Consultants Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 25 / 2015
Transaction ID : 38509503

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Dr. Colleen Vanderkolk

Mailing Address 704 Thurrock Circle

City State Zip Code
Brentwood TN 37027-1504

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

Name of Employer Occupation
St. Thomas Medical Partners Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 25 / 2015
Transaction ID : 38511521

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4313 South Retana Avenue

City Broken Arrow State OK Zip Code 74011-1398

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

Name of Employer St. Francis Hospital Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : 38511525

Amount of Each Receipt this Period
 500.00

B. Dr. Allison Brashear
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City Winston Salem State NC Zip Code 27106-4489

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

Name of Employer Wake Forest Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : 38511526

Amount of Each Receipt this Period
 80.00

C. Dr. Michael W. Morse
Full Name (Last, First, Middle Initial)

Mailing Address 2008 N Bridgeton Ct

City Fayetteville State AR Zip Code 72701-2992

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

Name of Employer Neurological Associates Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : 38511549

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 23
	<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. Marianna V. Spanaki-Varelas
 Full Name (Last, First, Middle Initial)
 Mailing Address 7367 Village Square Drive
 City West Bloomfield State MI Zip Code 48322-3390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System/Henry Ford Me Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 25 / 2015**
Transaction ID : 38511551
 Amount of Each Receipt this Period **350.00**

B. Dr. Alireza Minagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8040 Captain Dillon Ct
 City Shreveport State LA Zip Code 71115-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LA State University Health Sciences Ct Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **08 / 26 / 2015**
Transaction ID : 38511568
 Amount of Each Receipt this Period **42.00**

C. Dr. Joel M. Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 744 Horizon Ct, Ste 360
 City Grand Junction State CO Zip Code 81506-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Health Providers Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 26 / 2015**
Transaction ID : 38511825
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional).....	1142.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Mitchell F. Brin
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 San Antonio
 City State Zip Code
 Newport Beach CA 92660-9115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allergan Inc. 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
 08 / 26 / 2015
Transaction ID : 38512510
 Amount of Each Receipt this Period
 500.00

B. Dr. Robin L. Brey
 Full Name (Last, First, Middle Initial)
 Mailing Address 13618 Bluffcircle
 City State Zip Code
 San Antonio TX 78216-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Texas Health Science Center 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
 08 / 27 / 2015
Transaction ID : 38515850
 Amount of Each Receipt this Period
 1000.00

C. Dr. John W. Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Howell Mill Road NW, Suite 62
 City State Zip Code
 Atlanta GA 30318-2538
 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 ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38515945
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago	State IL	Zip Code 60612-3845
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1616.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : 38515948

Amount of Each Receipt this Period
223.00

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

Mailing Address 4785 Kitty Hawk Drive

City Atlanta	State GA	Zip Code 30342-2506
-----------------	-------------	------------------------

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

Name of Employer Piedmont Healthcare	Occupation Physician
-----------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3328.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : 38515949

Amount of Each Receipt this Period
416.00

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

Mailing Address 2890 Burlington St

City Ann Arbor	State MI	Zip Code 48105-1435
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : 38515950

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	739.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Denise Shouse		Date of Receipt MM / DD / YYYY 08 / 29 / 2015 Transaction ID : 38520485
Mailing Address 201 Chicago Avenue		Amount of Each Receipt this Period 250.00
City Minneapolis	State MN	Zip Code 55415-1126
FEC ID number of contributing federal political committee. C		
Name of Employer American Academy Neurology	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Eva K. Ritzl		Date of Receipt MM / DD / YYYY 08 / 29 / 2015 Transaction ID : 38520491
Mailing Address 8320 Governor Grayson Way		Amount of Each Receipt this Period 500.00
City Ellicott City	State MD	Zip Code 21043-3450
FEC ID number of contributing federal political committee. C		
Name of Employer Johns Hopkins	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	13559.67

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 18 / 2015

Transaction ID : 38498182

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City State Zip Code
Morgantown WV 26507

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 18 / 2015

Transaction ID : 38498183

Amount of Each Disbursement this Period

1000.00

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

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

Amount of Each Disbursement this Period

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

3500.00

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

3500.00