# 05/16/2019 12 : 35

Image# 201905169149716601	PAGE 1 / 23						
FEC AN	PORT OF RE	MENTS					
1. NAME OF TYP	E OR PRINT V F	xample: If typing, type	Office U	se Only			
COMMITTEE (in full)		ver the lines.	12FE4M5	_			
American Academy of Ne	urology BrainPAC						
ADDRESS (number and street)	01 C St NE						
Check if different							
than previously v reported. (ACC)	/ashington		DC 2000	2			
2. FEC IDENTIFICATION NUMB		Ş	STATE 🔺	ZIP CODE			
C C00435933	3. IS THIS REPOR		AMENDED (A)				
4. TYPE OF REPORT ( (Choose One)	b) Monthly Feb 20 (N Report	12) <b>x</b> May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)			
(a) Quarterly Reports:	Due On: Mar 20 (N	l3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)			
April 15	Apr 20 (M	4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)			
Quarterly Report (Q1)	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)			
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)				
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M = M / D = D /	YYYYY	in the State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)			
Termination Report (TER)	Report for the:	M * M / D * D /	Y = Y = Y = Y	in the State of			
5. Covering Period 04		through 04	/ D D / Y Y 30 20	YYY			
	eport and to the best of my k ngel, Timothy J., , Mr.,	nowledge and belief it is tru	e, correct and comple	ite.			
Type or Print Name of Treasurer							
Signature of Treasurer	othy J., , Mr.,	[Electronically Filed]	Date 05 / 16	<sup>2019</sup>			
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing th	nis Report to the penalt	ies of 52 U.S.C. § 30109			
Office Use Only				<b>FORM 3X</b> Rev. 05/2016			

X

# SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M D D М D М N D 04 01 2019 04 30 2019 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 225164.49 Januarv 1. 2019 (b) Cash on Hand at 219925.51 Beginning of Reporting Period..... 12461.34 114672.34 Total Receipts (from Line 19) ..... (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 339836.83 232386.85 6(a) and 6(c) for Column B)..... 0.00 107449.98 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 232386.85 232386.85 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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. 05/2016)

Write or Type Committee Name

### American Academy of Neurology BrainPAC

I. Receipts	COLUMN A	COLUMN B
-	Total This Period	Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
	9603.34	77645.34
(i) Itemized (use Schedule A)		, , , , , , , , , , , , , , , , , , , ,
(ii) Unitemized	2858.00	37027.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	12461.34	114672.34
(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)	12461.34	114672.34
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	45 45 45	
(Dividends, Interest, etc.)	0.00	0.00
8. 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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	12461.34	114672.34
. Total Federal Receipts	12461 34	114672 34
(cuptract Line 18(c) from Line 10)	1/461 34	11/6/23/

(subtract Line 18(c) from Line 19) ......▶



Page 3

I

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	0.00	0.0				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.0				
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	106000.00				
Independent Expenditures (use Schedule E)	0.00	0.0				
Coordinated Party Expenditures (52 U.S.C. § 30116(d))						
(use Schedule F)	0.00	0.0				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	1449.94				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.0				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1449.98				
Other Disbursements (Including	472 472 482					
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(a) (a) Allocated Federal Election Activity (from Schedule H6)	20))					
(i) Federal Share	0.00	0.00				
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00				
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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	107449.98				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	107449.98				

### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

		-			-	12461.34
		-			-	0.00
						12461.34
1.1.1	1	-		1	- 7	12401.34
	1					0.00
		-7	-		7	
						0.00
	-	-7-	-	-	-7	
						0.00
		-7-	1		-7	

				114672.34
-	-7-	1	-7-	114072.04
				1449.98
	-		-	
				113222.36
	- 7		- 7	1 1 48 1
				0.00
	7		-7	1 1 45 1
				0.00
	7		7	
				0.00

COLUMN B

Calendar Year-to-Date

#### Page 5

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	<b>X</b> 11a	11b 11c	12						
Any information copied from such Reports a or for commercial purposes, other than usin											
	ala ay i Daala D	4.0									
American Academy of Neur	biogy BrainP	AC									
Full Name of Individual (Last, First, Midd A. Kaufman, Joel, M., Dr.,	le Initial) or Full C	organization Name	Date of Re	eceipt							
Mailing Address 6 Fenimore Rd			04 /	01 / Y	2019	Ŷ					
City Worcester	State MA	Zip Code 01609-1711		tion ID : 4327545 Each Receipt th							
FEC ID number of contributing federal political committee.	C				250.0	0					
Name of Employer (for Individual) Self-Employed	Memo	o Item									
Receipt For: Primary General Other (specify) ▼											
Full Name of Individual (Last, First, Midd <b>B.</b> Schwartzbard, Julie, B., Dr.,	le Initial) or Full C	organization Name	Date of Re	eceipt							
Mailing Address 19451 Ambassador Ct			04 / D D / Y Y Y Y Y 2019								
City Miami	State	Zip Code 33179-6429		tion ID : 4327547							
FEC ID number of contributing federal political committee.	FEC ID number of contributing			Amount of Each Receipt this Period 84.0							
Name of Employer (for Individual) Aventura Neurologic and Assoc.		upation (for Individual) urologist	Memo	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00									
Full Name of Individual (Last, First, Midd C. Yochelson, Michael, R., Dr.,	le Initial) or Full C	organization Name	Date of Re	eceipt							
Mailing Address 2813 W Roxboro Rd NE			04 /	03 / Y	2019	Y					
City Atlanta	Zip Code 30324-2916		Transaction ID : 43305724 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			y	84.0	0					
Name of Employer (for Individual) Shepherd Center	upation (for Individual) sician	Memo	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00									
SUBTOTAL of Receipts This Page (optional	al)			, ,	418.0	0					
TOTAL This Period (last page this line nur	nber only)										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

23

		Detailed Summary Page	<b>&gt;</b>	<b>1</b> 1a		11b	11c		12					
· · · · · · · · · · · · · · · · · · ·		, ,		13		14	15		16		17			
Any information copied from such Reports or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full)														
American Academy of Neur	ology BrainP	AC												
Full Name of Individual (Last, First, Mide A. Weathers, Allison, L., Dr.,	dle Initial) or Full O	rganization Name		Date of	f R	eceipt								
Mailing Address 8220 Woodberry Blvd				04	1	/ D D D 03	/ Y	ү 2(	019	Y				
City	State	Zip Code		Trans	sac	tion ID :	4330572	5						
Chagrin Falls	OH	44023-4526		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C						-	_	84.0	0	]			
Name of Employer (for Individual)	Осси	upation (for Individual)		M	em	o Item								
Cleveland Clinic	Neu	rologist												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	riggrogato		- L -											
Other (specify)	L	336.00												
Full Name of Individual (Last, First, Mide B. Anderson, Eric, , Dr.,	dle Initial) or Full O	rganization Name		Date of	f R	eceipt								
Mailing Address 5921 Bayview Circle Sou	uth			04	1	/ D D D 08	/ Y	20	)19	Y				
City	State	Zip Code		Trans	act	tion ID ·	4332662	3	_					
Gulfport	FL	33707-3929		Transaction ID : 43326623 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.								_	209.0	10	]			
Name of Employer (for Individual) Intensive Neuro		upation (for Individual) Irologist		M	em	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 836.00	]											
Full Name of Individual (Last, First, Mido C. Etienne, Mill, , Dr.,	dle Initial) or Full O	rganization Name		Date of	f R	eceipt								
Mailing Address 19 Coe Farm Road				04	1	/ D D D 08	/ Y		)19 )	Y				
City Montebello	State NY						Transaction ID : 43326624 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		<u> </u>		, .		_	84.0	0	]					
Name of Employer (for Individual) Bon Secours Charity Health System	cupation (for Individual) Memo Item													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00												
SUBTOTAL of Receipts This Page (option	al)		 ▶			9		_	377.0	0	1			

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

	EWIZED RECEIF 13		Detailed Summary Page	×	11a		11b	ĽĽ.	11c	ĿĿ	12		
					13		14		15		16	1	
	y information copied from such Reports and s for commercial purposes, other than using the												
$\setminus$	NAME OF COMMITTEE (In Full)	<b>-</b>											
]	American Academy of Neurolog	gy BrainP	AC			_				_			
Α.	Full Name of Individual (Last, First, Middle In Holtz, Steven, J., Dr.,	itial) or Full C	rganization Name		Date of	Re	eceipt						
	Mailing Address 2009 Tampa Avenue				м м 04	/	09		/ Y	ү 20	ý 19	Y	
	City	State	Zip Code		Trans	acti	ion ID :	: 433	327332	2			
	Oakland	CA	94611-2620	A	mount	of	Each I	Rece	eipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	C							-		100.0	0	
	Name of Employer (for Individual)	Occ	upation (for Individual)	-	Me	emo	ltem						
	Neurology Medical Group of Diablo Vall		irologist										
	Receipt For:		Year-to-Date ▼										
	Primary General			11									
	Other (specify) ▼	L	400.00										
B.	Full Name of Individual (Last, First, Middle In Cavalier, Steven, J., Dr.,	itial) or Full C	rganization Name	C	Date of	Re	eceipt						
	Mailing Address 3726 Ridgetop Dr				04 11 2019								
	City	State	Zip Code		Trans	acti	ion ID :	: 433	29802	2			
	Baton Rouge	LA	70809-2637	A	mount	of	Each I	Rece	eipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С		125.00									
	Name of Employer (for Individual) GE		upation (for Individual) urologist		Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify)	250.00											
С.	Full Name of Individual (Last, First, Middle In Johnson, Nicholas, Elwood, Dr.,	itial) or Full C	rganization Name		Date of	Re	eceipt						
	Mailing Address 11535 GREY OAKS ESTATE	ES RUN			<sup>M</sup> 04	1	D 15		/ Y	201	19 <sup>°</sup>	Y	
	City	State	Zip Code		Trans	act	ion ID	: 433	33857	9			
	Glen Allen	VA	23059-5924	A	mount	of	Each I	Rece	eipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.		100.00							0			
	Name of Employer (for Individual)Occupation (for Individual)Virginia Commonwealth UniversityNeurologist						tem Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		400.00										
s	UBTOTAL of Receipts This Page (optional)						,		9		325.0	0	

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

Use separate schedule(s)	FOR LINE NUMBER: (check only one)							
for each category of the Detailed Summary Page	🗶 11a 🗌 11b							

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC									
Smith, Marsha, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Marsha, , Dr.,										
Mailing Address 94 Shenandoah Court			04 / D D / Y Y Y Y Y 04 16 2019								
City Portsmouth	State OH	Zip Code 45662-8660	Transaction ID : 43339675 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual)         Southern Ohio Medical Center         Receipt For:         Primary       General         Other (specify) ▼	Neu	upation (for Individual) rologist Year-to-Date 400.00	Memo Item								
Full Name of Individual (Last, First, Middle Barkley, Gregory, L., Dr., Mailing Address 2890 Burlington St	e Initial) or Full O	April April An	Date of Receipt								
City	State	Zip Code	04 16 2019 Transaction ID : 43339676								
Ann Arbor	MI	48105-1435	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Henry Ford Hospital		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]								
Full Name of Individual (Last, First, Middle E. Evans, David, A., Mr.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6722 Deloache Ave			04 / D D / Y Y Y Y 04 16 2019								
City Dallas	State TX	Zip Code 75225-2509	Transaction ID : 43339681 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ů l		2500.00								
Name of Employer (for Individual) Texas Neurology	Occu COC	upation (for Individual) )	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	]								
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		2700.00								

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Use separate schedule(s)

FOR LINE NUMBER:

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23

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
ILIWIZED RECEIFIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1									
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)		_										
American Academy of Neuro	logy BrainP	AC										
Full Name of Individual (Last, First, Middle Kilgore, Shannon, M., Dr.,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 11 Doud Dr			04 / D D / Y Y Y Y 04 17 2019									
City Los Altos	State CA	Zip Code 94022-2323	Transaction ID : 43339917           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		84.00									
Name of Employer (for Individual) VA Palo Alto HCS		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00										
Full Name of Individual (Last, First, Middle B. Cascino, Terrence, L., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name											
Mailing Address 2931 Stone Park Dr NE			Date of Receipt									
City	State MN	Zip Code	Transaction ID : 43339918									
	IVIIN	55906-7722	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		84.00									
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) urologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Primary General Other (specify) ▼		336.00	1									
Full Name of Individual (Last, First, Middle C. Cutsforth-Gregory, Jeremy, K.,		organization Name	Date of Receipt									
Mailing Address 331 Wimbledon Hills Dr S	W		04 / D D / Y Y Y Y 04 17 2019									
City Rochester	State MN	Zip Code 55902-4134	Transaction ID : 43339920									
FEC ID number of contributing federal political committee.	C ID number of contributing		Amount of Each Receipt this Period									
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) rologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00										
SUBTOTAL of Receipts This Page (optional	)		252.00									
TOTAL This Period (last page this line numl	per only)											

\_\_\_\_\_

#### SCHEDULE A (FEC Form 3X) \_\_\_\_ \_ \_ \_ \_ \_ \_

Use separate schedule(s)	FOR LINE NUMBER: (check only one)							
for each category of the Detailed Summary Page	<b>X</b> 11a 11b							

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
American Academy of Neuro	ology BrainP	AC									
Full Name of Individual (Last, First, Middl A. Lee, Ikjae, , Dr.,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3408 Surrey Hill Ln			04 / D D / Y Y Y Y Y 04 17 2019								
City Vestavia	State AL	Zip Code 35243-1729	Transaction ID : 43339921 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) University of Alabama Birmingham Receipt For:	Neu	upation (for Individual) Irologist	Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]								
Full Name of Individual (Last, First, Middl B. Loftus, Brian, D., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loftus, Brian, D., Dr.,										
Mailing Address 6700 West Loop S Ste 33	04 / Y Y Y Y 04 19 2019										
City Bellaire	State TX	Zip Code 77401-4138	Transaction ID : 43347232 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) Bellaire Neurology, PA		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
Full Name of Individual (Last, First, Middl C. Finney, Glen, R., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 828 Homestead Dr			M M / D D / Y Y Y Y 04 20 2019								
City Dallas	State PA	Zip Code 18612-7227	Transaction ID : 43348944 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		208.34								
Name of Employer (for Individual) Geisinger Specialty Clinic Receipt For:	Beh	upation (for Individual) avioral Neurology	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.36	1								
SUBTOTAL of Receipts This Page (optional	al)		558.34								
TOTAL This Period (last page this line num	nber only)										

PAGE 11 OF

Use separate schedule(s)	FOR LINE NUMBER: (check only one)								
for each category of the Detailed Summary Page	<b>X</b> 11a 11b								

177			Use separate schedule(s)	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         □								
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions								
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Academy of Neurolog	y BrainP	AC									
Α.	Full Name of Individual (Last, First, Middle Init Jones, Lyell, K., Dr.,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2055 Scenic View Lane SW			04 20 / Y Y Y Y 2019								
	City Rochester	State MN	Zip Code 55902-2575	Transaction ID : 43348945           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		84.00								
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) rologist	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	]								
в.	Full Name of Individual (Last, First, Middle Init Lewis, Steven, L., Dr.,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 806 Timber Hill Road	04 20 2019										
	City Highland Park	State IL	Zip Code 60035-5121	Transaction ID : 43348948 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		209.00								
	Name of Employer (for Individual) Lehigh Valley Health Network		upation (for Individual) sician	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 836.00	]								
— C.	Full Name of Individual (Last, First, Middle Init Ichord, Rebecca, N., Dr.,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2320 Pine ST			04 20 2019								
	City Philadelphia	State PA	Zip Code 19103-6415	Transaction ID : 43348957 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual) Perelman School of Medicine of the Uni		upation (for Individual) rologist	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]								
s	UBTOTAL of Receipts This Page (optional)			393.00								
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PAGE 12 OF

Use separate schedule(s)	FOR LINE NUMBER: (check only one)								
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ITEMIZED RECEIPTS			Use separate schedule(s)	(chec	(check only one)											
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	y information copied from such Reports and Sta for commercial purposes, other than using the								liciting	contrib		IS				
$\setminus$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	American Academy of Neurology	y BrainP	AC													
Α.	Full Name of Individual (Last, First, Middle Initi Koenig, Matthew, A., Dr.,	al) or Full O	rganization Name	Date of Receipt												
	Mailing Address 1416 Koko Head Ave						M M / D D / Y Y Y Y 04 21 2019									
	City	State	Zip Code		Trans	sact	ion ID	: 43	34926	0						
	Honolulu	HI	96816-3234	Ar	noun	t of	Each	Rec	eipt th	is Perio	d					
	FEC ID number of contributing federal political committee.	С					-	_	-y	12	5.00					
	Name of Employer (for Individual)	Оссі	upation (for Individual)	- F	М	emc	Item									
	The Queen's Medical Center	Neu	rologist													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11												
	Other (specify)		500.00													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stevens, James, C., Dr.,						ceipt									
	Mailing Address 12112 Aboite Center Rd					/		D 21	/ Y	2019	Y					
	City	State	Zip Code	04 21 2019 Transaction ID : 43349261												
	Fort Wayne	IN	46814-9528							is Perio	d					
	FEC ID number of contributing federal political committee.	С		209.00												
	Name of Employer (for Individual) Allied Physicians, Inc.		upation (for Individual) rsician	Memo Item												
	Receipt For:	Aggregate	Year-to-Date V	_												
	Primary General Other (specify) ▼		836.00	]												
<u></u>	Full Name of Individual (Last, First, Middle Initi Khan, Jaffar, , Dr.,	al) or Full O	rganization Name	Di	ate o	f Re	eceipt									
	Mailing Address 292 Riverford Way				04	1	D 2	D 23	/ Y	2019	Y					
	City	State	Zip Code		Trans	sact	ion ID	): 43	35038	2		-				
	Lawrenceville	GA	30043-6416	Ar	noun	t of	Each	Rec	eipt th	is Perio	d					
	FEC ID number of contributing federal political committee.	С					,	_	y	84	4.00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	-	Μ	lemo	ltem									
	Emory Healthcare		rologist													
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General	000.00	11													
	Other (specify)	L	336.00	4												
s	UBTOTAL of Receipts This Page (optional)						, .		9	418	8.00					
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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 14 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainP	AC	
Full Name of Individual (Last, First, Middle         Cedarbaum, Jesse, M., Dr.,         Mailing Address 16 Old Barnabas Rd         City         Woodbridge         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Biogen         Receipt For:         Primary       General         Other (specify) ▼	State CT CC Occ Neu	Prganization Name Zip Code 06525-1923 upation (for Individual) urologist Year-to-Date ▼ 240.00	Date of Receipt
Full Name of Individual (Last, First, Middle         B. Busis, Neil, A., Dr.,         Mailing Address 6934 Rosewood St         City         Pittsburgh         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         UPP Department of Neurology-Shadyside         Receipt For:         Primary       General         Other (specify)	State PA C Occ Phy	Zip Code 15208-2639	Date of Receipt
Full Name of Individual (Last, First, Middle         Kass, Joseph, S., Dr.,         Mailing Address 4903 Valerie         City         Bellaire         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Baylor College of Medicine         Receipt For:         Primary       General         Other (specify)	State TX C Occ Phy	Zip Code 77401-5707 upation (for Individual) sician Year-to-Date ▼ 336.00	Date of Receipt 04 23 2019 Transaction ID : 43350387 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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23

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r				or the p		ose of	f soli	iciting	con	tributi	ons				
NAME OF COMMITTEE (In Full)															
American Academy of Neurology	BrainP	PAC													
Full Name of Individual (Last, First, Middle Initia <b>A</b> . Bickel, Jennifer, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bickel, Jennifer, , Dr.,						Date of Receipt								
Mailing Address 3400 SW 22nd Street	04 / Y Y Y Y 04 23 2019														
City Blue Springs	State MO	Zip Code 64015-7617	Transaction ID : 43350396												
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FEC ID number of contributing federal political committee.	С		100.00												
Name of Employer (for Individual) Childrens Mercy Hospital Neurology		cupation (for Individual) urologist		Me	emo	Item									
Receipt For:	Aggregate	Year-to-Date V													
Primary General Other (specify) ▼		400.00													
Full Name of Individual (Last, First, Middle Initia B. Gilmer, William, S., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name														
Mailing Address 2323 Dunstan Rd			Date of Receipt												
City	State	Zip Code													
Houston	ТХ	77005-2613													
FEC ID number of contributing federal political committee.	С			85.00											
Name of Employer (for Individual) Willam S Gilmer MD PA		cupation (for Individual) urologist		Me	emo	Item									
Receipt For:	Aggregate	Year-to-Date V	_												
Other (specify) ▼		, 340.00													
Full Name of Individual (Last, First, Middle Initia C. Perkins, Erik, , Dr.,	al) or Full C	Drganization Name		Date of	Re	ceipt									
Mailing Address 9930 Scripps Vista Way Apt 151				м м 04	/	D 24		Y	201	19 <sup>°</sup>	Y				
City	State	Zip Code	_	Trans	acti	ion ID :	: 433	354624	4		_				
San Diego	CA	92131-2765	A	Mount	of	Each F	Rece	ipt thi	s Pe	eriod					
FEC ID number of contributing federal political committee.	С			_		,		y		84.0	0				
Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group		supation (for Individual) rsician	Memo Item												
Receipt For:	,	Year-to-Date ▼	_												
Primary General Other (specify)		252.00													
SUBTOTAL of Receipts This Page (optional)						,	-	9		269.0	0				

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)										
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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the			soliciting	g contribu	tions					
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC												
A.	Full Name of Individual (Last, First, Middle Initia Popwell, Richard, Earl, Dr., Jr.	al) or Full O	Organization Name	Date of Receipt											
	Mailing Address 42 E. Fieldview Circle				04 / D D / Y Y Y Y Y 24 2019										
	City Bozeman	State MT	Zip Code 59715-7180				on ID : 4 Each Re		26 his Period						
	FEC ID number of contributing federal political committee.	С		125.00											
	Name of Employer (for Individual) Bozeman Health Neurosciences		upation (for Individual) /sician		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
B.	Full Name of Individual (Last, First, Middle Initia Moschonas, Constantine, , Dr.,	al) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 8113 E Del Cuarzo Dr	Zip Code	04 / D D / Y Y Y 2019						Y						
	Scottsdale	State AZ	85258-2254				on ID : 4 Each Re		<b>7</b> nis Period						
	FEC ID number of contributing federal political committee.	С					<b>7</b>	- 7-	750.	00					
	Name of Employer (for Individual) Four Peaks Neurology		cupation (for Individual) /sician		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]											
с.	Full Name of Individual (Last, First, Middle Initia Brashear, Allison, , Dr.,	al) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 208 Hadley Ct				04	/	25	/ Y	2019	Y					
	City Winston Salem	State NC	Zip Code 27106-4489				i <b>on ID :</b> 4 Each Re		<b>IO</b> nis Period						
	FEC ID number of contributing federal political committee.	С			Ē		y	9	80.	00					
	Name of Employer (for Individual) Wake Forest University		upation (for Individual) Irologist		M	emo	Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	]											
s	UBTOTAL of Receipts This Page (optional)			•			,	,	955.	00					
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Detailed Summary Page									

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainP	AC									
Full Name of Individual (Last, First, Mide Gupta, Ajay, S., Dr.,	dle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 14335 Blue Heron Chas	e		04 25 2019								
City Roanoke	State IN	Zip Code 46783-8600	Transaction ID : 43355143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		84.00								
Name of Employer (for Individual) Allied Physicians, Inc		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]								
Full Name of Individual (Last, First, Mide B. Antonio, Aileen, , Dr.,	dle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 2295 New Town Dr NE	04 / D D / Y Y Y Y 04 25 2019										
City Grand Rapids	State MI	Zip Code 49525-3917	Transaction ID : 43355145 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		200.00								
Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N		upation (for Individual) urologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]								
Full Name of Individual (Last, First, Mide C. Sanders, Amy, E., Dr.,	dle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 11 Wollmann Farms Ro	ad		04 25 / Y Y Y Y 04 25								
City Burlington	State CT	Zip Code 06013-1625	Transaction ID : 43355146 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual) Ayer Neuroscience Institute		upation (for Individual) rologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]								
SUBTOTAL of Receipts This Page (option	ial)		384.00								
TOTAL This Period (last page this line nu	mber only)										

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## 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)

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Any information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any         NAME OF COMMITTEE (In Full)         American Academy of Neurology BrainPAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name of Individual (Last, First, Middle Initial) or Full Organization Name of Logical State 279 Phillips Road         City       State 219 Code AR         Pottsville       AR         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for In Neurologist         Davis Neurology PLLC       Aggregate Year-to-Date         Primary       General         Other (specify)       Temport	Summary Page 11a 11b 11c 12
or for commercial purposes, other than using the name and address of any         NAME OF COMMITTEE (In Full)         American Academy of Neurology BrainPAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name of Individual (Last, First, Middle Initial) or Full Organization Name of State 279 Phillips Road         City       State 210 Code AR         Pottsville       C         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for In Neurologist         Davis Neurology PLLC       Aggregate Year-to-Date         Primary       General	13 14 15 16 17
American Academy of Neurology BrainPAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name of Individual (Last, First, Middle Initial) or Full Organization Name of Full Organization Name of State         A.       Davis, Anthony, , Dr.,         Mailing Address 279 Phillips Road         City       State         Pottsville       AR         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for In Neurologist         Davis Neurology PLLC       Aggregate Year-to-Date         Primary       General	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Davis, Anthony, , Dr.,         Mailing Address 279 Phillips Road         City       State         Pottsville       AR         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Davis Neurology PLLC         Receipt For:         Primary         General	
A. Davis, Anthony, , Dr.,         Mailing Address 279 Phillips Road         City       State       Zip Code         Pottsville       AR       72858-         FEC ID number of contributing       federal political committee.       C         Name of Employer (for Individual)       Occupation (for In         Davis Neurology PLLC       Neurologist         Receipt For:       Aggregate Year-to-Date         Primary       General	
City     State     Zip Code       Pottsville     AR     72858-1       FEC ID number of contributing     C       federal political committee.     C       Name of Employer (for Individual)     Occupation (for In       Davis Neurology PLLC     Neurologist       Receipt For:     Aggregate Year-to-Date       Primary     General	lame Date of Receipt
Pottsville     AR     72858-       FEC ID number of contributing federal political committee.     C     C       Name of Employer (for Individual)     Occupation (for In Neurologist       Davis Neurology PLLC     Neurologist       Receipt For:     Aggregate Year-to-Date       Primary     General	M M / D D / Y Y Y Y 04 25 2019
FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual) Davis Neurology PLLC     Occupation (for In Neurologist       Receipt For:     Aggregate Year-to-Date       Primary     General	
federal political committee.       Image: Committee comm	8896 Amount of Each Receipt this Period
Davis Neurology PLLC     Neurologist       Receipt For:     Aggregate Year-to-Date       Primary     General	100.00
Receipt For: Aggregate Year-to-Date	ndividual) Memo Item
Primary General	▼
Other (specify) V	
	300.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Na B. Sico, Jason, J., Dr.,	lame Date of Receipt
Mailing Address 82 Redcoat Lane	04 25 2019
City State Zip Code	e Transaction ID : 43355151
Guilford CT 06437-1	
FEC ID number of contributing federal political committee.	85.00
Name of Employer (for Individual)Occupation (for Individual)West Haven VAMC/Yale School of MedicinClinical Reasearc	
Receipt For: Aggregate Year-to-Date	
Primary General	
Other (specify)	255.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Na C. Reynolds, Wesley, D., Dr.,	lame Date of Receipt
Mailing Address 3735 Yates St	04 / D D / Y Y Y Y 04 26 2019
City State Zip Code	
Denver CO 80212-2	2040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer (for Individual) Occupation (for In	Adividual) Memo Item
Centura Health Neurologist	
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Primary General Aggregate Year-to-Date	· · · · · · · · · · · · · · · · · · ·
Other (specify)	400.00
SUBTOTAL of Receipts This Page (optional)	285.00

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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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for each category of the Detailed Summary Page	<b>X</b> 11a 11b	-

ITEMIZED RECEIPTS			Use separate schedule(s)	(check on										
			for each category of the Detailed Summary Page	<b>×</b> 11a 13		11b 14	11c 15	12 16	17					
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any poddress of any political committee	erson for the	purp	ose of s	soliciting	contribut	tions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC											
Α.	Full Name of Individual (Last, First, Middle Initi Beltran, Dario, , Dr.,	ial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 4805 Briarwood Ave Apt 303			M N 04	/	D D D 26	/ Y	ү ү 2019	Y					
	City Midland	State TX	Zip Code 79707-2625			on ID : 4 Each Re		2 iis Period						
	FEC ID number of contributing federal political committee.	С		60.00										
	Name of Employer (for Individual) Premiere Physicians		upation (for Individual) rologist		/lemo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
в.	Full Name of Individual (Last, First, Middle Init Kopinski, Jason, , Mr., Mailing Address 201 Chicago Ave	Date o		D D	/ Y	Y Y	Y							
	City Minneapolis	State MN	Zip Code 55415-1126	04     26     2019       Transaction ID : 43355314       Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		91.00										
	Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) buty Executive Director	N	/lemo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00											
С.	Full Name of Individual (Last, First, Middle Initi Gao, Xiao-Ke, , Dr.,	ial) or Full O	rganization Name	Date c	of Red	ceipt								
	Mailing Address 102 Sheephill Road			M N 04	<i>A</i> /	D D D 26	/ Y	2019	Y					
	City Riverside	State CT	Zip Code 06878-1121			<b>on ID : 4</b> Each Re		6 is Period						
	FEC ID number of contributing federal political committee.	С				y	,	100.0	00					
	Name of Employer (for Individual) Eastern Comprehensive Medical Services		upation (for Individual) rologist		Лето	ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00											
s	UBTOTAL of Receipts This Page (optional)		•••••		-	5		251.0	)0					
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)		10											
American Academy of Neuro	logy BrainP	AC											
Full Name of Individual (Last, First, Middle A. Prusinski, Christopher, , Dr.,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 119 Lansing Island			04 26 / Y Y Y Y 04 26 2019										
City Indian Harbour Beach	State FL	Zip Code 32937-5354	Transaction ID : 43355320 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Self-Employed		upation (for Individual) Irologist	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 836.00	]										
Full Name of Individual (Last, First, Middle B. Sermersheim, Michael, A., Dr.,	e Initial) or Full C	rganization Name											
Mailing Address 1253 Eagle Crest Dr			Date of Receipt 04 26 2019										
City	State	Zip Code	Transaction ID : 43355321										
Greenwood	IN	46143-8325	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		84.00										
Name of Employer (for Individual) JWM Neurology		upation (for Individual) Irologist	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary     General       Other (specify) ▼		336.00	1										
Full Name of Individual (Last, First, Middle C. Kissela, Brett, M., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9878 Zig Zag Road			04 / D D / Y Y Y Y 04 27 2019										
City Montgomery	State OH	Zip Code 45242-6311	Transaction ID : 43360860										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) University of Cincinnati Hospital		upation (for Individual) rologist	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 836.00	]										
SUBTOTAL of Receipts This Page (optiona	)		502.00										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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177			Use separate schedule		(check o	only or	ne)			
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or	for commercial purposes, other than using the	name and a	ddress of any political co	mmittee	o solicit o	contrib	utions	from such	n committ	ee.
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)									
	American Academy of Neurolog	ly BrainP	AC							
Α.	Full Name of Individual (Last, First, Middle Init Villa, Kenneth, J., Dr.,	tial) or Full O	organization Name		Date	of Re	ceipt			
	Mailing Address 4056 Saint James PI				M 04	M /	D 27	D / Y	ү ү 2019	Ŷ
	City	State	Zip Code		Tra	nsacti	on ID	4336086	1	
	San Diego	CA	92103-1630		Αποι	unt of	Each I	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-		125.	00
	Name of Employer (for Individual)	Occ	upation (for Individual)			Memo	Item			
	Sharp Rees Stealy Medical Group	Neu	irologist							
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	Primary General	riggrogato		_						
	Other (specify) <b>v</b>	1	250.0	00						
			1							
в.	Full Name of Individual (Last, First, Middle Init Platzer, Meril, S., Dr.,	tial) or Full O	Organization Name		Date	of Re	ceipt			
ļ	Mailing Address 28404 Foothill Drive		M M / D D / Y Y Y Y 04 27 2019							
	City	State	Zip Code		Trai	nsacti	on ID :	4336086	2	
	Agoura Hills	CA	91301-2242		Αποι	unt of	Each I	Receipt th	is Period	
	FEC ID number of contributing	С							100	00
	federal political committee.							Ţ	100.	00
	Name of Employer (for Individual) Dr. Meril S. Platzer		upation (for Individual) /sician			Memo	Item			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General		400	00						
	Other (specify) <b>v</b>	L	, 400.	00						
с.	Full Name of Individual (Last, First, Middle Init Wiesman, Janice, F., Dr.,	tial) or Full O	organization Name		Date	of Re	ceipt			
	Mailing Address 330 E 38th Street				M	M /	D	D / Y	YY	Y
	Apt 14D				04	1	27		2019	
	City	State	Zip Code		Tra	nsacti	ion ID	: 4336086	3	
	New York	NY	10016-2768		Αποι	unt of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,	, j	225.	00
	Name of Employer (for Individual)	000	upation (for Individual)			Memo	Item			
	Self-Employed		rologist							
	Receipt For:		Year-to-Date V		-					
	Primary General	Ayyreyate		_						
	Other (specify)		900.							
						-				_

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Use separate schedule(s) (check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC										
Α.	Full Name of Individual (Last, First, Middle Init Brandes, David, W., Dr., Mailing Address 106 Autumn Woods Drive	tial) or Full O	rganization Name	Date of Receipt									
	City	State	Zip Code	04 27 2019 Transaction ID : 43360866									
	Sweetwater	TN	37874-6482	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
	Hope Neurology	Neu	rologist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	7.99.09u.0		1									
	Other (specify) <b>v</b>		340.00										
В.	Full Name of Individual (Last, First, Middle Ini Greeley, David, R., Dr.,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1125 E 27th Avenue			04 28 2019									
	City	State	Zip Code	Transaction ID : 43360986									
	Spokane	WA	99203-3348	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		84.00									
	Name of Employer (for Individual) Northwest Neurological, PLLC		upation (for Individual) rsician	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			1									
	Other (specify) <b>v</b>	L	, 336.00										
с.	Full Name of Individual (Last, First, Middle Ini Potts, Daniel, C., Dr.,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 136 Covey Chase			04 / D D / Y Y Y Y Y 04 28 2019									
	City	State	Zip Code	Transaction ID: 43360988									
	Tuscaloosa	AL	35406-1801	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		150.00									
	Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce		upation (for Individual) sician	Memo Item									
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		600.00										
s	UBTOTAL of Receipts This Page (optional)		•	319.00									

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

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· · · · ·	or commercial purposes, other than using the nam	e and a	addre	ss of any political committee	e to sol	icit co	ntrik	but	tions fr	om such	ו con	nmitte	e.							
	NAME OF COMMITTEE (In Full)		~~																	
	American Academy of Neurology B	rainP	AC																	
	Full Name of Individual (Last, First, Middle Initial) o Cohen, Bruce, H., Dr.,	or Full O	Organ	ization Name	r	Date o	f Re	00	eint											
-	Mailing Address 3141 Neille Lane																			
						04	ľ		28	/ 1	20		·							
	\$	State		Zip Code	Transaction ID : 43360990 Amount of Each Receipt this Period															
_	Twinsburg	ЭН		44087-3808																
	FEC ID number of contributing rederal political committee.	)			225.00															
	Name of Employer (for Individual)			on (for Individual)		M	emo	o I	Item											
	Children's Hospital Medical Center of Receipt For:		/sicia		_															
	Primary General Ag	gregate	Yea	r-to-Date ▼																
	Other (specify) ▼		-	900.00																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Urion, David, K., Dr.,								eipt											
-	Mailing Address 3 Pierce Hill Road				Date of Receipt 04 28 2019															
Ī	City S		Transaction ID : 43360998																	
_	Lincoln	MA		01773-3201	Amount of Each Receipt this Period															
	FEC ID number of contributing rederal political committee.	C Occupation (for Individual) Neurologist						100.00												
	Name of Employer (for Individual) Children'S Hospital Boston							Memo Item												
Ī	Receipt For: Ag	gregate	Yea	r-to-Date ▼																
	Primary General Other (specify) ▼																			
с.	Full Name of Individual (Last, First, Middle Initial) o	r Full O	Organ	ization Name		Date o	f Re	ec	eipt											
	Mailing Address					Date of Receipt														
(	City S	State		Zip Code		Amoun	t of	E	ach Re	eceipt th	nis Pe	eriod								
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ļ	Name of Employer (for Individual)	Осси	upati	on (for Individual)		N	lemo	0	ltem											
Ī	Receipt For: Ag	gregate	Yea	r-to-Date ▼																
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