

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
American Academy of Neurology BrainPAC

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00435933 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
11 27 2018 through 12 31 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Engel, Timothy J., , Mr.,  
Type or Print Name of Treasurer

Signature of Treasurer Engel, Timothy J., , Mr., [Electronically Filed] Date 02 01 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2018"/>  | <input type="text" value=""/>          | <input type="text" value="264505.25"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="181844.51"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="40029.98"/>  | <input type="text" value="377629.24"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="221874.49"/> | <input type="text" value="642134.49"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="- 3290.00"/> | <input type="text" value="416970.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="225164.49"/> | <input type="text" value="225164.49"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 23643.98                      | 262537.06                         |
| (ii) Unitemized .....   | 16386.00                      | 109592.18                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 40029.98                      | 372129.24                         |
| (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) .....  | 40029.98                      | 372129.24                         |
| 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                          | 5500.00                           |
| 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)).....▶                         | 40029.98                      | 377629.24                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 40029.98                      | 377629.24                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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                     | 416500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 210.00                        | 470.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 210.00                        | 470.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | - 3290.00                     | 416970.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | - 3290.00                     | 416970.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 40029.98                              | 372129.24                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 210.00                                | 470.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 39819.98                              | 371659.24                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 0.00                                      |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 OF 60 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

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

**A. Brandes, David, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Hope Neurology Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 27 / 2018  
**Transaction ID : 42865977**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Wiesman, Janice, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 E 38th Street Apt 14D  
 City New York State NY Zip Code 10016-2768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2475.00

Date of Receipt 11 / 27 / 2018  
**Transaction ID : 42865981**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**C. Platzer, Meril, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28404 Foothill Drive  
 City Agoura Hills State CA Zip Code 91301-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dr. Meril S. Platzer Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 27 / 2018  
**Transaction ID : 42865982**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 410.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 60  |
| <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. Kissela, Brett, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Road

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Montgomery | State<br>OH | Zip Code<br>45242-6311 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Cincinnati Hospital | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2299.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 27    | / | 2018        |

**Transaction ID : 42865983**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 1125 E 27th Avenue

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Spokane | State<br>WA | Zip Code<br>99203-3348 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Northwest Neurological, PLLC | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881604**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Schwarz, Heidi, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Gorham St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Canandaigua | State<br>NY | Zip Code<br>14424-1805 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>URMC | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881605**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 393.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 60  |
| <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. Cohen, Bruce, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3141 Neille Lane

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Twinsburg | State<br>OH | Zip Code<br>44087-3808 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Children's Hospital Medical Center of | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2475.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881606**

Amount of Each Receipt this Period  
225.00

Memo Item

**B. Jones, Elaine, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 West National Blvd

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Ladys Island | State<br>SC | Zip Code<br>29907-1768 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Specialists On Call | Occupation (for Individual)<br>Retired |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4583.26

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881607**

Amount of Each Receipt this Period  
416.66

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30342-2506 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Piedmont Henry Hospital | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4583.26

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881608**

Amount of Each Receipt this Period  
416.66

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1058.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 9 OF 60 |
|   | <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. Sumner, Austin, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 Saint Charles Ave Apt 10C  
 City New Orleans State LA Zip Code 70130-3421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisiana State Univ Neurology Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 11 / 28 / 2018  
**Transaction ID : 42881609**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Potts, Daniel, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Tuscaloosa Veterans Affairs Medical Ce Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 11 / 28 / 2018  
**Transaction ID : 42881610**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Gamaldo, Charlene, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7511 Morris Street  
 City Fulton State MD Zip Code 20759-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 11 / 28 / 2018  
**Transaction ID : 42881612**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 342.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 OF 60 |
|   | <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. Thornton, James, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14107 LAKE FOREST LN

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>LOUISVILLE | State<br>KY | Zip Code<br>40245-5214 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Baptist Medical Group | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881614**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Burke, Cyril, O., Dr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 Blackstone Blvd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Providence | State<br>RI | Zip Code<br>02906-5813 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881615**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3 Pierce Hill Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lincoln | State<br>MA | Zip Code<br>01773-3201 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Children'S Hospital Boston | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881618**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 242.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 11 OF 60 |
|   | <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. Vest, Christina, Kelly, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 West Charlotte Ave

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Wyoming | State<br>OH | Zip Code<br>45215-2012 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Mercy Health-The Jewish Hospital | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2018        |

**Transaction ID : 42881619**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Huang, Monquen, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18911 Presley Circle

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Cerritos | State<br>CA | Zip Code<br>90703-6087 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Torrance Memorial Physician Network | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 29    | / | 2018        |

**Transaction ID : 42883591**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Eliashiv, Dawn, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 South Stanley Drive

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Beverly Hills | State<br>CA | Zip Code<br>90211-3005 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>UCLA | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 01    | / | 2018        |

**Transaction ID : 42890775**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 OF 60 |
|   | <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. McKinnon, Jonathan, Hart, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 N Buffalo Drive  
 Suite B  
 City Las Vegas State NV Zip Code 89145-0301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 28 / 2018  
**Transaction ID : 42891015**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Gollomp, Stephen, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2541 Whitehorse Rd  
 City Berwyn State PA Zip Code 19312-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 29 / 2018  
**Transaction ID : 42891023**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Yochelson, Michael, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2813 W Roxboro Rd NE  
 City Atlanta State GA Zip Code 30324-2916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shepherd Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 03 / 2018  
**Transaction ID : 42891042**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 384.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 60                |
|   | <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. Jordan, Justin, T., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Brimbal Ave

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Beverly | State<br>MA | Zip Code<br>01915-1840 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Massachusetts General Hospital | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 03    |   | 2018        |

**Transaction ID : 42891043**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Weathers, Allison, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8220 Woodberry Blvd

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Chagrin Falls | State<br>OH | Zip Code<br>44023-4526 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Cleveland Clinic | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 03    |   | 2018        |

**Transaction ID : 42891044**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Deb, Anindita, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 Nonset Path

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Acton | State<br>MA | Zip Code<br>01720-3417 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Massachusetts School of | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2018        |

**Transaction ID : 42891814**

Amount of Each Receipt this Period  
25.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 129.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 60                |
|   | <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. Cascino, Gregory, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2106 Kal Lane SW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55902-3475 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2018        |

**Transaction ID : 42891815**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Zieman, Glynnis, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1858 W. Navarro Ave

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Mesa | State<br>AZ | Zip Code<br>85202-7444 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Barrow Neurological Institute | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 04    |   | 2018        |

**Transaction ID : 42891816**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Benish, Sarah, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5949 Bradbury Court

|                             |             |                        |
|-----------------------------|-------------|------------------------|
| City<br>Inver Grove Heights | State<br>MN | Zip Code<br>55076-1597 |
|-----------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Minnesota Physicians | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 08    |   | 2018        |

**Transaction ID : 42942271**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 317.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 15 OF 60 |
|   | <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. Anderson, Eric, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5921 Bayview Circle South

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Gulfport | State<br>FL | Zip Code<br>33707-3929 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Intensive Neuro | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2299.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2018    |

**Transaction ID : 42942273**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Etienne, Mill, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Coe Farm Road

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Montebello | State<br>NY | Zip Code<br>10901-2908 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Bon Secours Charity Health System | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2018    |

**Transaction ID : 42942274**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Kurland, Alan, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Boulder Lane

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Sharon | State<br>MA | Zip Code<br>02067-3034 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Neurology / Dedham Medical Associates/ | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 09  |   | 2018    |

**Transaction ID : 42942286**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 335.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 16 OF 60   |
| <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. Holtz, Steven, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Oakland | State<br>CA | Zip Code<br>94611-2620 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Neurology Medical Group of Diablo Vall | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2018        |

**Transaction ID : 42942288**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Murnane, Matthew, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 272 South Main Avenue

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Albany | State<br>NY | Zip Code<br>12208-2301 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Albany Medical College | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 09    |   | 2018        |

**Transaction ID : 42942305**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Milstein, Mark, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E 88th St Apt 4F

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10128-1158 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Montefiore Medical Center | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 11    |   | 2018        |

**Transaction ID : 42943853**

Amount of Each Receipt this Period  
50.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 17 OF 60   |
| <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. Johnson, Nicholas, Elwood, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4580 Marshall Run Circle  
Apt 108

City: Glen Allen      State: VA      Zip Code: 23059-5901

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

Name of Employer (for Individual): Virginia Commonwealth University      Occupation (for Individual): Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 1200.00

Date of Receipt: 12 / 15 / 2018  
**Transaction ID : 42958605**

Amount of Each Receipt this Period: 100.00

Memo Item

**B. Smith, Marsha, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 Shenandoah Court

City: Portsmouth      State: OH      Zip Code: 45662-8660

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

Name of Employer (for Individual): Southern Ohio Medical Center      Occupation (for Individual): Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 1200.00

Date of Receipt: 12 / 16 / 2018  
**Transaction ID : 42958621**

Amount of Each Receipt this Period: 100.00

Memo Item

**C. Rutecki, Paul, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 Highland Ave 7th Fl  
Neurology Dept

City: Madison      State: WI      Zip Code: 53705-2281

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

Name of Employer (for Individual): University of Wisconsin      Occupation (for Individual): Neurologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼: 504.00

Date of Receipt: 12 / 16 / 2018  
**Transaction ID : 42958622**

Amount of Each Receipt this Period: 42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 242.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 60                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Barkley, Gregory, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2890 Burlington St

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Ann Arbor | State<br>MI | Zip Code<br>48105-1435 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Henry Ford Hospital | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 16    |   | 2018        |

**Transaction ID : 42958623**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Thyerlei, Dinah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5209 1st Ave NW

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Seattle | State<br>WA | Zip Code<br>98107-2046 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Everett Clinic | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 16    |   | 2018        |

**Transaction ID : 42958624**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Kilgore, Shannon, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Doud Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Los Altos | State<br>CA | Zip Code<br>94022-2323 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>VA Palo Alto HCS | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1108.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2018        |

**Transaction ID : 42958652**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 199.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 19 OF 60 |
|   | <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. Cascino, Terrence, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2931 Stone Park Dr NE

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55906-7722 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2018        |

**Transaction ID : 42958653**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Cutsforth-Gregory, Jeremy, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 331 Wimbledon Hills Dr SW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55902-4134 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2018        |

**Transaction ID : 42958654**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Lee, Ikjae, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 Surrey Hill Ln

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Vestavia | State<br>AL | Zip Code<br>35243-1729 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Alabama Birmingham | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 17    | / | 2018        |

**Transaction ID : 42958656**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 226.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 20 OF 60   |
| <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. Mintz, Mark, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Robin Lake Drive

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Cherry Hill | State<br>NJ | Zip Code<br>08003-2851 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Center for Neurological and Neurod | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 18    | / | 2018        |

**Transaction ID : 42959661**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1806 Warbler Way

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>Charlottesville | State<br>VA | Zip Code<br>22903-7956 |
|-------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Virginia | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 18    | / | 2018        |

**Transaction ID : 42960328**

Amount of Each Receipt this Period  
1250.00

Memo Item

**C. Lefberg, Audrey, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 Veronica Ave. Suite 102

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Somerset | State<br>NJ | Zip Code<br>08873-6804 |
|------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Princeton and Rutgers Neurology | Occupation (for Individual)<br>Business Administrator |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 19    | / | 2018        |

**Transaction ID : 42965388**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

|   |     |                                   |               |
|---|-----|-----------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 21 OF 60 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b           |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c           |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17            |

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

**A. Jones, Lyell, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2055 Scenic View Lane SW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55902-2575 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  
12 / 20 / 2018  
**Transaction ID : 42965439**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 828 Homestead Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dallas | State<br>PA | Zip Code<br>18612-7227 |
|----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Geisinger Specialty Clinic | Occupation (for Individual)<br>Behavioral Neurology |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.08

Date of Receipt  
12 / 20 / 2018  
**Transaction ID : 42965440**

Amount of Each Receipt this Period  
208.34

Memo Item

**C. Barnes, J., Todd, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3924 Pimlico Drive

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Norman | State<br>OK | Zip Code<br>73072-6521 |
|----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>OU Department of Neurology | Occupation (for Individual)<br>Business Administrator |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  
12 / 20 / 2018  
**Transaction ID : 42965441**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 334.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 22 OF 60   |
| <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. Lewis, Steven, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Timber Hill Road

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Highland Park | State<br>IL | Zip Code<br>60035-5121 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Lehigh Valley Health Network | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2299.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 20    | / | 2018        |

**Transaction ID : 42965443**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Noorian, Alireza, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Aldergrove

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Irvine | State<br>CA | Zip Code<br>92604-3369 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Kaiser Permanente | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 20    | / | 2018        |

**Transaction ID : 42965444**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Balke, Debra, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 Las Tablas Rd Ste E

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Templeton | State<br>CA | Zip Code<br>93465-9711 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 20    | / | 2018        |

**Transaction ID : 42965446**

Amount of Each Receipt this Period  
10.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 239.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 60                |
|   | <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. Absher, John, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Collins Creek Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Greenville | State<br>SC | Zip Code<br>29607-3727 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Univ. SC SOM, Greenville | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 20    |   | 2018        |

**Transaction ID : 42965447**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Henninger, Heidi, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 492 W Elm Street

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Yarmouth | State<br>ME | Zip Code<br>04096-8119 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Maine Neurology | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 20    |   | 2018        |

**Transaction ID : 42965448**

Amount of Each Receipt this Period  
21.00

Memo Item

**C. Clarke, Teryn, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Mariners Dr

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Newport Beach | State<br>CA | Zip Code<br>92660-4929 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Clarke Neurology | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
580.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 20    |   | 2018        |

**Transaction ID : 42965451**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 105.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 24 OF 60 |
|   | <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. Merino, Rodrigo, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N 1691 S. Washington Rd  
 City Chilton State WI Zip Code 53014-9619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aspirus, Wausau, WI Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 20 / 2018  
**Transaction ID : 42965452**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Ichord, Rebecca, N., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2320 Pine ST  
 City Philadelphia State PA Zip Code 19103-6415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Perelman School of Medicine of the Uni Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 20 / 2018  
**Transaction ID : 42965453**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Feliciano-Astacio, Briseida, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address E12 Calle Paseo Flamboyán Sector El Valle Urb. Los Prados  
 City Caguas State PR Zip Code 00727-2521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 14 / 2018  
**Transaction ID : 42965557**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 242.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 60                |
|   | <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. Thyerlei, Dinah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5209 1st Ave NW

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Seattle | State<br>WA | Zip Code<br>98107-2046 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Everett Clinic | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 15    |   | 2018        |

**Transaction ID : 42965602**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Hirsch, Lawrence, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Tree Top Ter

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Greenwich | State<br>CT | Zip Code<br>06831-4319 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Yale University Comprehensive Epilepsy | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 16    |   | 2018        |

**Transaction ID : 42965633**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Buchhalter, Jeffrey, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13030 N. 17th Place

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85022-5070 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Consultant |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 17    |   | 2018        |

**Transaction ID : 42965643**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 60                |
|   | <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 of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Gutierrez, Amparo, , Dr.,</b>          |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 13 / 2018<br><b>Transaction ID : 42965676</b> |
| Mailing Address 55 W Church St<br>Apt #2016   |  | Amount of Each Receipt this Period<br>100.00   |
| City<br>Orlando   | State<br>FL                              | Zip Code<br>32801-4920   |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Memo Item   |
| Name of Employer (for Individual)<br>Orlando Health   | Occupation (for Individual)<br>Physician |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>268.00       |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Kwon, Jennifer, M., Dr.,</b>           |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 05 / 2018<br><b>Transaction ID : 42965751</b> |
| Mailing Address 24 Burncoat Way   |  | Amount of Each Receipt this Period<br>150.00   |
| City<br>Pittsford   | State<br>NY                                | Zip Code<br>14534-2216   |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Memo Item   |
| Name of Employer (for Individual)<br>University of Wisconsin School of Medi   | Occupation (for Individual)<br>Neurologist |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00         |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Burnett, Margaret, E., Dr.,</b>      |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 05 / 2018<br><b>Transaction ID : 42965783</b> |
| Mailing Address 3900 Beethoven St. # 302  |  | Amount of Each Receipt this Period<br>50.00  |
| City<br>Los Angeles   | State<br>CA                              | Zip Code<br>90066-7502   |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Memo Item   |
| Name of Employer (for Individual)<br>University of Southern California, Kec   | Occupation (for Individual)<br>Physician |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>300.00       |  |

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 60                |
|   | <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. Khemani, Pravin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2607 Western Ave  
# 1202

City Seattle State WA Zip Code 98121-1386

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

Name of Employer (for Individual) Swedish Neuroscience Institute Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 08 / 2018  
**Transaction ID : 42965817**

Amount of Each Receipt this Period 100.00

Memo Item

**B. McMurtray, Aaron, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29431 Ivy Glenn Drive

City Laguna Niguel State CA Zip Code 92677-1725

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

Name of Employer (for Individual) Harbor UCLA Medical Center Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 10 / 2018  
**Transaction ID : 42965862**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Anderson, Wayne, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Harrison St  
Apt 42A

City San Francisco State CA Zip Code 94105-2797

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2018  
**Transaction ID : 42966211**

Amount of Each Receipt this Period 50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 60                |
|   | <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. Robbins, Matthew, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Midvale Road

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Hartsdale | State<br>NY | Zip Code<br>10530-3606 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Weill Cornell Medicine | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 21    |   | 2018        |

**Transaction ID : 42966212**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 12112 Aboite Center Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fort Wayne | State<br>IN | Zip Code<br>46814-9528 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Allied Physicians, Inc. | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2635.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 21    |   | 2018        |

**Transaction ID : 42966213**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Haffner, Darrah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3754 Juniper Dr.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75220-6318 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Texas SW Medical School, | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 21    |   | 2018        |

**Transaction ID : 42966214**

Amount of Each Receipt this Period  
20.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 249.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 60                |
|   | <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. Koenig, Matthew, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Koko Head Ave

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Honolulu | State<br>HI | Zip Code<br>96816-3234 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Queen's Medical Center | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 21    |   | 2018        |

**Transaction ID : 42966215**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Vargas, Bert, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12749 Wolf Snare Dr.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Frisco | State<br>TX | Zip Code<br>75035-7047 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Texas Southwestern Clini | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 21    |   | 2018        |

**Transaction ID : 42966216**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Rudnicki, Stacy, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 280 East Grand Avenue

|                             |             |                        |
|-----------------------------|-------------|------------------------|
| City<br>South San Francisco | State<br>CA | Zip Code<br>94080-4808 |
|-----------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Cytokinetics | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2018        |

**Transaction ID : 42973720**

Amount of Each Receipt this Period  
20.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 187.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 60                |
|   | <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. Patton, Eddie, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 Solana Springs Drive

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Sugar Land | State<br>TX | Zip Code<br>77479-5558 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mischer Neuroscience Associates | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2018        |

**Transaction ID : 42973721**

Amount of Each Receipt this Period  
45.00

Memo Item

**B. Khan, Jaffar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 292 Riverford Way

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Lawrenceville | State<br>GA | Zip Code<br>30043-6416 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Emory Healthcare | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2018        |

**Transaction ID : 42973746**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Henson, John, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4785 Kitty Hawk Drive

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30342-2506 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Piedmont Healthcare, Inc. | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2018        |

**Transaction ID : 42973747**

Amount of Each Receipt this Period  
50.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 179.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 60                |
|   | <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. Cedarbaum, Jesse, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Old Barnabas Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Woodbridge | State<br>CT | Zip Code<br>06525-1923 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Biogen | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2018        |

**Transaction ID : 42973748**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. Busis, Neil, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6934 Rosewood St

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Pittsburgh | State<br>PA | Zip Code<br>15208-2639 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>UPP Department of Neurology-Shadyside | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3336.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2018        |

**Transaction ID : 42973749**

Amount of Each Receipt this Period  
278.00

Memo Item

**C. Patel, Anup, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1834 Chateaugay Way

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Blacklick | State<br>OH | Zip Code<br>43004-8001 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Nationwide Children's Hospital and the | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2018        |

**Transaction ID : 42973750**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 380.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 60                |
|   | <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. Morgan, Walter, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1069 Nash Drive  
 City Celebration State FL Zip Code 34747-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Neurology INC Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2018  
**Transaction ID : 42973751**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Kass, Joseph, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4903 Valerie  
 City Bellaire State TX Zip Code 77401-5707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 23 / 2018  
**Transaction ID : 42973752**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Reichman, Jordan, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1063 Lincoln St  
 City Salt Lake City State UT Zip Code 84105-1449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intermountain Neurosciences Institute Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2018  
**Transaction ID : 42973754**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 124.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 60                |
|   | <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. Gutierrez, Amparo, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 W Church St  
Apt #2016

City Orlando State FL Zip Code 32801-4920

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

Name of Employer (for Individual) Orlando Health Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 23 / 2018  
**Transaction ID : 42973759**

Amount of Each Receipt this Period 42.00

Memo Item

**B. Bickel, Jennifer, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 SW 22nd Street

City Blue Springs State MO Zip Code 64015-7617

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

Name of Employer (for Individual) Childrens Mercy Hospital Neurology Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 23 / 2018  
**Transaction ID : 42973761**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Gilmer, William, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) William S Gilmer MD PA Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 24 / 2018  
**Transaction ID : 42973802**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 227.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 60                |
|   | <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. Song, Sarah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2045 W. Concord Place, #405

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60647-5481 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Rush University Medical Center | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1281.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2018        |

**Transaction ID : 42973804**

Amount of Each Receipt this Period  
105.00

Memo Item

**B. Testa, Claudia, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 Park Ave

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Richmond | State<br>VA | Zip Code<br>23220-2910 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>VCU Parkinson'S and Movement Disorders | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2018        |

**Transaction ID : 42973805**

Amount of Each Receipt this Period  
20.00

Memo Item

**c. Ghacibeh, Georges, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 Birch St

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>Englewood Cliffs | State<br>NJ | Zip Code<br>07632-1519 |
|--------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Progressive Neurology | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2018        |

**Transaction ID : 42973806**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 167.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 60                |
|   | <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. Kluger, Benzi, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2324 Franklin St

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Denver | State<br>CO | Zip Code<br>80205-5322 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Colorado Anschutz Medical | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2018        |

**Transaction ID : 42973807**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Roth, Julie, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 593 Eddy Street  
APC 5

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Providence | State<br>RI | Zip Code<br>02903-4923 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Brown Neurology | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 24    |   | 2018        |

**Transaction ID : 42973808**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Brashear, Allison, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Hadley Ct

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Winston Salem | State<br>NC | Zip Code<br>27106-4489 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Wake Forest University | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973824**

Amount of Each Receipt this Period  
80.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 36 OF 60 |
|   | <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. Hirsch, Lawrence, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Tree Top Ter

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Greenwich | State<br>CT | Zip Code<br>06831-4319 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Yale University Comprehensive Epilepsy | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 25    | / | 2018        |

**Transaction ID : 42973825**

Amount of Each Receipt this Period  
21.00

Memo Item

**B. Coffman, Keith, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4119 W. 94th Terrace

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>Prairie Village | State<br>KS | Zip Code<br>66207-2713 |
|-------------------------|-------------|------------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer (for Individual)<br>Children'S Mercy Hospitals and Clinics | Occupation (for Individual)<br>Self |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 25    | / | 2018        |

**Transaction ID : 42973826**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Sanders, Amy, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Wollmann Farms Road

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Burlington | State<br>CT | Zip Code<br>06013-1625 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Ayer Neuroscience Institute | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 25    | / | 2018        |

**Transaction ID : 42973827**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 171.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 60                |
|   | <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. McFarland, Nikolaus, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8619 SW 40th Street

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Gainesville | State<br>FL | Zip Code<br>32608-7918 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Florida | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973829**

Amount of Each Receipt this Period  
21.00

Memo Item

**B. McCabe, Paul, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Colonial Acres

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Wyoming | State<br>PA | Zip Code<br>18644-1326 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Geisinger Community Medical Center | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973830**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Butterfield, Russell, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6262 S Westridge St

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Murray | State<br>UT | Zip Code<br>84107-7745 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Utah | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973832**

Amount of Each Receipt this Period  
20.00

Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 61.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 38 OF 60 |
|   | <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. Gordon, David, Lee, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4111 Crimson Bluff Way

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Edmond | State<br>OK | Zip Code<br>73034-1035 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Oklahoma HSC | Occupation (for Individual)<br>Professor and Chair |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973833**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Cha, Yoon-Hee, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4313 South Retana Avenue

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Broken Arrow | State<br>OK | Zip Code<br>74011-1398 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Laureate Institute for Brain Research | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973834**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Govindarajan, Raghav, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Knollwood CT

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbia | State<br>MO | Zip Code<br>65203-6907 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>University of Missouri | Occupation (for Individual)<br>Resident |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2018        |

**Transaction ID : 42973836**

Amount of Each Receipt this Period  
112.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 216.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 60                |
|   | <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. Reynolds, Wesley, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3735 Yates St

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Denver | State<br>CO | Zip Code<br>80212-2040 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Centura Health | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 26    |   | 2018        |

**Transaction ID : 42973856**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Beltran, Dario, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 Briarwood Ave Apt 303

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Midland | State<br>TX | Zip Code<br>79707-2625 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Midland Memorial Hospital | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 26    |   | 2018        |

**Transaction ID : 42973857**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Richie, Bunnie, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26024 N Horseshoe Trail

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Scottsdale | State<br>AZ | Zip Code<br>85255-1490 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Bunnie F. Richie, DO, PLC | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
924.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 26    |   | 2018        |

**Transaction ID : 42973858**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 244.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 40 OF 60 |
|   | <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. Cardenas, Javier, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4135 N. 33rd St.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85018-4724 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Barrow Neurological Institute | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2018        |

**Transaction ID : 42973859**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Jens, William, Kurtis, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Scarborough Lane

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Millersville | State<br>PA | Zip Code<br>17551-9523 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Penn State University, Milton S Hershe | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2018        |

**Transaction ID : 42973860**

Amount of Each Receipt this Period  
21.00

Memo Item

**C. Olugemo, Olukemi, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7206 Bull Run Post Office Rd

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Centreville | State<br>VA | Zip Code<br>20121 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>PAREXEL International | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2018        |

**Transaction ID : 42973861**

Amount of Each Receipt this Period  
21.00

Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 84.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 41 OF 60   |
| <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. Kopinski, Jason, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Chicago Ave

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Minneapolis | State<br>MN | Zip Code<br>55415-1126 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>American Academy of Neurology | Occupation (for Individual)<br>Deputy Executive Director |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2018        |

**Transaction ID : 42973862**

Amount of Each Receipt this Period  
91.00

Memo Item

**B. Scarberry, Susan, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Loden Court South

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Fargo | State<br>ND | Zip Code<br>58104-6047 |
|---------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Sanford Health | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2018        |

**Transaction ID : 42973863**

Amount of Each Receipt this Period  
21.00

Memo Item

**C. Gao, Xiao-Ke, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Sheephill Road

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Riverside | State<br>CT | Zip Code<br>06878-1121 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Eastern Comprehensive Medical Services | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2018        |

**Transaction ID : 42973864**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 212.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 42 OF 60   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Sajed, Mohammad, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 820 2nd St  
 City Glen Ellyn State IL Zip Code 60137-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Edward Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2018  
**Transaction ID : 42973865**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Hillen, Machteld, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Carteret Road  
 City Allendale State NJ Zip Code 07401-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rutgers-NJMS Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2018  
**Transaction ID : 42973866**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Polchinski, Jason, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5250 Cape Seville  
 City Anchorage State AK Zip Code 99516-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alaska Native Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2018  
**Transaction ID : 42973867**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 63.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 60                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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

**A. Bajaj, Nikesh, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1235 S Prairie Ave  
Unit 1903

City Chicago State IL Zip Code 60605-3404

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

Name of Employer (for Individual) UIC Neurology & Rehabilitation MC 796 Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 12 / 26 / 2018  
**Transaction ID : 42973868**

Amount of Each Receipt this Period 21.00

Memo Item

**B. Prusinski, Christopher, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Lansing Island

City Indian Harbour Beach State FL Zip Code 32937-5354

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2504.00

Date of Receipt 12 / 26 / 2018  
**Transaction ID : 42973869**

Amount of Each Receipt this Period 220.00

Memo Item

**C. Sermersheim, Michael, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1253 Eagle Crest Dr

City Greenwood State IN Zip Code 46143-8325

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

Name of Employer (for Individual) JWM Neurology Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 12 / 26 / 2018  
**Transaction ID : 42973870**

Amount of Each Receipt this Period 84.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 325.00

**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 44 OF 60                |
|   | <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. Jozefowicz, Ralph, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 Lac Kine Drive  
 City Rochester State NY Zip Code 14618-5608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 26 / 2018  
**Transaction ID : 42973871**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Lowden, Max, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Scenic Ridge Drive  
 City Hummelstown State PA Zip Code 17036-6901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Penn State Hershey Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 26 / 2018  
**Transaction ID : 42973872**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Moore, David, Brian, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3411 Honeysuckle Road  
 City Ames State IA Zip Code 50014-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McFarland Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 18 / 2018  
**Transaction ID : 42973917**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 392.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 45 OF 60 |
|   | <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. Mintzer, Scott, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Wynnewood Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Ardmore | State<br>PA | Zip Code<br>19003-3019 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Thomas Jefferson Univ | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 18    |   | 2018        |

**Transaction ID : 42973918**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Lui, Alben, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 Rock Oak Road

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Walnut Creek | State<br>CA | Zip Code<br>94598-1736 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Permanente Medical Group | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 20    |   | 2018        |

**Transaction ID : 42973942**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Lui, Alben, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 Rock Oak Road

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Walnut Creek | State<br>CA | Zip Code<br>94598-1736 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Permanente Medical Group | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 20    |   | 2018        |

**Transaction ID : 42973943**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 46 OF 60 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Lui, Alben, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 Rock Oak Road

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Walnut Creek | State<br>CA | Zip Code<br>94598-1736 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Permanente Medical Group | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 20    | / | 2018        |

**Transaction ID : 42973944**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Marks, Donald, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 221  
10 Eastward Lane

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>Marshfield Hills | State<br>MA | Zip Code<br>02051-0221 |
|--------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Donald S. Marks, M.D., P.C. | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 24    | / | 2018        |

**Transaction ID : 42975160**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Wiesman, Janice, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E 38th Street  
Apt 14D

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10016-2768 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>New York University | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 27    | / | 2018        |

**Transaction ID : 42975381**

Amount of Each Receipt this Period  
225.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 425.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 60                |
|   | <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. Platzer, Meril, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28404 Foothill Drive

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Agoura Hills | State<br>CA | Zip Code<br>91301-2242 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Dr. Meril S. Platzer | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 27    |   | 2018        |

**Transaction ID : 42975382**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 106 Autumn Woods Drive

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Sweetwater | State<br>TN | Zip Code<br>37874-6482 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Hope Neurology | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 27    |   | 2018        |

**Transaction ID : 42975383**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 9878 Zig Zag Road

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Montgomery | State<br>OH | Zip Code<br>45242-6311 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Cincinnati Hospital | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2508.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 27    |   | 2018        |

**Transaction ID : 42975386**

Amount of Each Receipt this Period  
209.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 394.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |     |                                   |               |
|---|-----|-----------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 48 OF 60 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b           |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c           |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17            |

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

**A. Schwarz, Heidi, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Gorham St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Canandaigua | State<br>NY | Zip Code<br>14424-1805 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>URMC | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42976024**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3141 Neille Lane

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Twinsburg | State<br>OH | Zip Code<br>44087-3808 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Children's Hospital Medical Center of | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42976025**

Amount of Each Receipt this Period  
225.00

Memo Item

**C. Jones, Elaine, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 West National Blvd

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Ladys Island | State<br>SC | Zip Code<br>29907-1768 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Specialists On Call | Occupation (for Individual)<br>Retired |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4999.92

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42976026**

Amount of Each Receipt this Period  
416.66

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 741.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 60                |
|   | <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. Jung Henson, Lily, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4785 Kitty Hawk Drive  
 City Atlanta State GA Zip Code 30342-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Henry Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2018  
**Transaction ID : 42976027**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Greeley, David, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Neurological, PLLC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2018  
**Transaction ID : 42976028**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Huang, Monquen, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18911 Presley Circle  
 City Cerritos State CA Zip Code 90703-6087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Torrance Memorial Physician Network Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2018  
**Transaction ID : 42976029**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 530.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 50 OF 60   |
| <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. Potts, Daniel, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 Covey Chase

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Tuscaloosa | State<br>AL | Zip Code<br>35406-1801 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Tuscaloosa Veterans Affairs Medical Ce | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 28    | / | 2018        |

**Transaction ID : 42976030**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Riaz, Awais, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1381 E. Hickory Lane

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Murray | State<br>UT | Zip Code<br>84121-2502 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Utah | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 28    | / | 2018        |

**Transaction ID : 42976031**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Gamaldo, Charlene, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7511 Morris Street

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Fulton | State<br>MD | Zip Code<br>20759-2307 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Johns Hopkins University | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 28    | / | 2018        |

**Transaction ID : 42976033**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 442.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 OF 60                |
|   | <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. Thornton, James, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14107 LAKE FOREST LN

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>LOUISVILLE | State<br>KY | Zip Code<br>40245-5214 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Baptist Medical Group | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42976035**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Burke, Cyril, O., Dr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 Blackstone Blvd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Providence | State<br>RI | Zip Code<br>02906-5813 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42976036**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3 Pierce Hill Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lincoln | State<br>MA | Zip Code<br>01773-3201 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Children'S Hospital Boston | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42976039**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 242.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 52 OF 60   |
| <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. Vest, Christina, Kelly, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 West Charlotte Ave

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Wyoming | State<br>OH | Zip Code<br>45215-2012 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Mercy Health-The Jewish Hospital | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 28    | / | 2018        |

**Transaction ID : 42976040**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 26 Governors Lane

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Princeton | State<br>NJ | Zip Code<br>08540-3668 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Alder Biopharmaceuticals | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 28    | / | 2018        |

**Transaction ID : 42981919**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Gustafson, Jon, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7009 Naples Way

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fort Smith | State<br>AR | Zip Code<br>72916-8701 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>CNSA Neurology | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 30    | / | 2018        |

**Transaction ID : 42982323**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1270.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 53 OF 60   |
| <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. Green, Lawrence, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16841 N Darmady Loop

|               |          |                        |
|---------------|----------|------------------------|
| City<br>Nampa | State ID | Zip Code<br>83687-9165 |
|---------------|----------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Lawrence E Green, MD, PA | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : 42982402**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Van Delden, Swann, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Queens Court

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>San Antonio | State<br>TX | Zip Code<br>78257-1720 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Neurology Institute of San Antonio | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : 42982403**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Banas, Thomas, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11230 Dell Loch Way

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fort Wayne | State<br>IN | Zip Code<br>46814-8123 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Allied Physicians | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : 42982414**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 54 OF 60 |
|   | <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. Freeman, William, David, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4500 San Pablo Rd S

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Jacksonville | State<br>FL | Zip Code<br>32224-1865 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : 42982702**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Nago, Braden, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 904 7th Avenue

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Seattle | State<br>WA | Zip Code<br>98104-1132 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Polyclinic | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : 42982710**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Lou, Jau-Shin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2114 Rose Creek Blvd, S

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Fargo | State<br>ND | Zip Code<br>58104-6879 |
|---------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Sanford Health/University of North Dak | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42995505**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 60                |
|   | <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. Bever, Christopher, , Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4325 Conifer Court

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Glen Arm | State<br>MD | Zip Code<br>21057-9124 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Va Medical Center-Baltimore | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 28    |   | 2018        |

**Transaction ID : 42995506**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Batipps, Michael, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Crystal Drive Apt 907

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22202-4171 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Neurodiagnostic Associates, PC | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 30    |   | 2018        |

**Transaction ID : 42995552**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Farhidvash, Fariba, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3300 Devonshire St.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Douglasville | State<br>GA | Zip Code<br>30135-3175 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Piedmont Neurology | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 30    |   | 2018        |

**Transaction ID : 42995558**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 56 OF 60 |
|   | <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. Yerby, Mark, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Fat Pony Farm  
63705 Deschutes Market Road

City Bend State OR Zip Code 97701-8817

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 24 / 2018**

**Transaction ID : 43031898**

Amount of Each Receipt this Period 500.00

Memo Item

**B. McKinnon, Jonathan, Hart, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 N Buffalo Drive  
Suite B

City Las Vegas State NV Zip Code 89145-0301

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

Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00

Date of Receipt **12 / 21 / 2018**

**Transaction ID : 43031900**

Amount of Each Receipt this Period 200.00

Memo Item

**C. Mendelson, Joshua, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 Rocky Top Rd

City Morganville State NJ Zip Code 07751-4625

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

Name of Employer (for Individual) Neurology Specialist of Monmouth Count Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 20 / 2018**

**Transaction ID : 43031915**

Amount of Each Receipt this Period 200.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 60                |
|   | <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. Bhat, Madhav, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4108 Boca Trail  
Boca Trail

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>FORT WAYNE | State<br>IN | Zip Code<br>46815-5779 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Fort Wayne Neurology | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 23    | / | 2018        |

**Transaction ID : 43031918**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Hake, Ann, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4398 Asbury Street

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Indianapolis | State<br>IN | Zip Code<br>46227-8608 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Eli Lilly & Co. | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 12    | / | 2018        |

**Transaction ID : 43081546**

Amount of Each Receipt this Period  
2300.00

Memo Item

**C. Navada, Shiv, U., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 527 Medical Park Dr Ste 107

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Bridgeport | State<br>WV | Zip Code<br>26330-9009 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 11    | / | 2018        |

**Transaction ID : 43082945**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2800.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

FOR LINE NUMBER: PAGE 58 OF 60  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kurland, Alan, H., Dr.,

Mailing Address 2 Boulder Lane

City Sharon      State MA      Zip Code 02067-3034

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

Name of Employer (for Individual) Neurology / Dedham Medical Associates/      Occupation (for Individual) Neurologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼      **252.00**

Date of Receipt  
**12 / 09 / 2018**

**Transaction ID : 43082983**

Amount of Each Receipt this Period  
**0.00**

Memo Item

Refund(s) on Schedule B Totaling \$210.00 This changes the YTD Total to \$252.00

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

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:      Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:      Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify)

Date of Receipt

Amount of Each Receipt this Period

Memo Item

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>0.00</b>     |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>23643.98</b> |

**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"/> 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. Cole For Congress**

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Void - Campaign never cashed

Category/Type

Candidate Name  
**Cole, Thomas, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2017  
 Primary  General  Other (specify) ▼  
State: OK District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 43082952**

Amount of Each Disbursement this Period

Memo Item  
Void - Campaign never cashed

Full Name (Last, First, Middle Initial)

**B. Julio Gonzalez For Congress**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement  
Void - Campaign never cashed

Category/Type

Candidate Name  
**Gonzalez, Julio, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: FL District: 17

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 43082953**

Amount of Each Disbursement this Period

Memo Item  
Void - Campaign never cashed

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |                          |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Kurland, Alan, H., Dr.,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 29 / 2018  |                          |
| Mailing Address 2 Boulder Lane  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : 43082958</b><br>Amount of Each Disbursement this Period<br>[ ] 210.00 |                          |
| City<br>Sharon  | State<br>MA  | Zip Code<br>02067-3034  | Category/<br>Type<br>010 |
| Purpose of Disbursement   |  | Memo Item <input type="checkbox"/>  |                          |
| Candidate Name  |  |   |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                          |
| State:<br>District:   |  |   |                          |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>MM / DD / YYYY   |                   |
| Mailing Address   |  | FEC Identification Number<br>C [ ]<br>Amount of Each Disbursement this Period<br>[ ] |                   |
| City  | State  | Zip Code   | Category/<br>Type |
| Purpose of Disbursement   |  | Memo Item <input type="checkbox"/>   |                   |
| Candidate Name  |  |  |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State:<br>District:   |  |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY   |                   |
| Mailing Address   |  | FEC Identification Number<br>C [ ]<br>Amount of Each Disbursement this Period<br>[ ] |                   |
| City  | State  | Zip Code   | Category/<br>Type |
| Purpose of Disbursement   |  | Memo Item <input type="checkbox"/>   |                   |
| Candidate Name  |  |  |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State:<br>District:   |  |  |                   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 210.00 |