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02/19/2016 11 : 32

PAGE 1 / 20

	EPORT C ND DISB Other Than Ar	URSE	MENT	s		Office Use Only	I
1. NAME OF TYF COMMITTEE (in full)	Pe or print 🔻		mple: If typin r the lines.	ng, type	12FE4M5		
American Academy of Ne	urology Brain						
ADDRESS (number and street)	01 C St NE						
Check if different than previously reported. (ACC)	Vashington					20002	-
2. FEC IDENTIFICATION NUME	ER V	CITY 🔺		S		ZIP CO	
C C00435933		3. IS THIS REPORT	\sim	NEW N) OR	AM (A)	ENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE-Electi	on	Primary (12F	?)	General ((12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for	the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)		Election on	M M /	D D /	Y Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect		General (300	ā)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Report for	Election on	M M /	D D /	Y Y Y Y Y	in the State c	of
5. Covering Period 01		Y Y Y 2016	through	M M 01	/ D D / 31	Y Y Y Y 2016	
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the b /r. Timothy J. Engel	-	wledge and I	pelief it is true	e, correct and	l complete.	
Signature of Treasurer Mr. Timot	hy J. Engel		[Electronically	y Filed] Da	ate 02	/ D D / 19	2016
NOTE: Submission of false, erroneous	, or incomplete info	rmation may su	bject the pers	son signing thi	s Report to th	e penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENT

•	O FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name		
/	American Academy of Neurology Br	rainPAC	
R	Report Covering the Period: From: 01	M / D D / Y Y Y Y 01 2016 To:	01 / Y Y Y Y 01 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		147260.14
	(b) Cash on Hand at Beginning of Reporting Period	147260.14	
	(c) Total Receipts (from Line 19)	37152.83	37152.83
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	184412.97	184412.97
7.	Total Disbursements (from Line 31)	71260.00	71260.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113152.97	113152.97
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

×

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	·	
(a) Individuals/Persons Other		
Than Political Committees	20001.10	00001.47
(i) Itemized (use Schedule A)	22331.16	22331.16
(ii) Unitemized	14821.67	14821.67
(iii) TOTAL (add	27450.02	27152.0
Lines 11(a)(i) and (ii)▶	37152.83	37152.83
(b) Balitical Barty Committage	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		7 7 7
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	37152.83	37152.83
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7	7 7
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.0
. Offsets To Operating Expenditures		7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7 7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	37152.83	37152.8
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	37152.83	37152.8

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:) 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
	ansfers to Affiliated/Other Party	0.00	0.00
Č Fe	ontributions to ederal Candidates/Committees	71000.00	71000.00
In	nd Other Political Committees dependent Expenditures		
(u Ci (2	ise Schedule E) oordinated Party Expenditures	0.00	0.00
)2 (u	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
Lo	oan Repayments Made	0.00	0.00
Lo	pans Made efunds of Contributions To:	0.00	0.00
	 Individuals/Persons Other Than Political Committees 	260.00	260.00
(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)) 	260.00	260.00
0	ther Disbursements	0.00	0.00
Fe (a	ederal Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
<i>(</i> b	(ii) "Levin" Share	0.00	0.00
(b	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
	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	71260.00	71260.00
	otal Federal Disbursements ubtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	71260.00	71260.00

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	37152.83	37152.83			
 Total Contribution Refunds (from Line 28(d)) 	260.00	260.00			
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	36892.83	36892.83			
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00			
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

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

(check only one)

PAGE 6 OF

20

A			Detailed Summary Page								
A					13		14	15		16	1
	information copied from such Reports and S or commercial purposes, other than using the										
\ \	JAME OF COMMITTEE (In Full)										
	American Academy of Neurolog	y BrainP	AC								
F \ .	Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton III				Date o	f Re	eceipt				
N	Aailing Address 100 N Academy Ave				м м 01	/	01) / Y) 16	Y
C	Dity	State	Zip Code		Trans	sact	ion ID :	3892786			
_	Danville	PA	17822-9800		Amoun	t of	Each R	eceipt thi	is P	eriod	
	EC ID number of contributing ederal political committee.	С					7	3		1000	.00
Ā	lame of Employer	Occupation	I								
	Geisinger Health system	Physician									
	Receipt For:	-	Year-to-Date ▼	\neg							
	Primary General	Aggregate		11							
	Other (specify)	L	1000.00	4							
	ull Name (Last, First, Middle Initial) Dr. Charles W. Brock				Date o	f Re	eceipt				
N	Aailing Address 17307 San Aringo Pl				01	/	01) / Y		Y 16	Y
C	Dity	State	Zip Code		Trans	act		3892787			
l	_utz	FL	33548-4820		Amoun	t of	Each R	Receipt thi	is P	eriod	
	EC ID number of contributing ederal political committee.	С					7	7		250	.00
Ā	Name of Employer	Occupation	1	_							
	Iniversity of Florida	Physician									
Ē	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
	Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen				Date o	f Re	eceipt				
N	Aailing Address 3141 Neille Lane				м м 01	/	01) / Y		16	Y
C	Dity	State	Zip Code		Trans	sact	tion ID :	3892787		-	
	Twinsburg	OH	44087-3808		Amoun	t of	Each R	eceipt thi	is P	eriod	
	EC ID number of contributing ederal political committee.	С					,			262	.50
Ā	Jame of Employer	Occupation									
	Children's Hospital and Med. Center of	Physician									
	Receipt For:		Year-to-Date ▼	\neg							
	Primary General	Ayyreyale									
	Other (specify)		262.50								
	BTOTAL of Receipts This Page (optional)						3	7		1512.	50

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

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

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			Detailed Summary Page		< 11a		11b	11c	12	2	
		01-1			13		14	15	16		17
	y information copied from such Reports and for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	American Academy of Neurolo	gy BrainP	AC								
A.	Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones				Date o	f Re	ceipt				
	Mailing Address 212 Bay Spring Ave				м м 01	/	01		2016		ŕ
	City	State	Zip Code			sacti		: 3892787			
	Barrington	RI	02806-1332		Amoun	t of	Each F	Receipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					7	7	5	500.0)0
	Name of Employer	Occupation	1								
	Self	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	11							
	Other (specify)		500.00	4							
в.	Full Name (Last, First, Middle Initial) Mr. David A. Evans	1			Date o	f Re	ceipt				
	Mailing Address 2990 Blackburn St				M M	/	D	D / Y	Y	Y	Ý
	Apt. 1104				01		05		2016		
	City	State	Zip Code		Trans	acti	on ID :	3893726	7		
	Dallas	ТХ	75204-3114		Amoun	t of	Each F	Receipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					,		25	00.0	0
	Name of Employer	Occupation	1								
	Texas Neurology	coo									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		0500.00	11							
	Other (specify)		2500.00	4							
с.	Full Name (Last, First, Middle Initial) Dr. Georges A. Ghacibeh				Date o	f Re	ceipt				
	Mailing Address 47 Birch St				01	/	06		2016		ŕ
	City	State	Zip Code		Trans	sacti	on ID	: 3894386	54		
	Englewood Cliffs	NJ	07632-1519		Amoun	t of	Each F	Receipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					7	- 7	3	300.0	00
	Name of Employer	Occupation	1	_							
	Progressive Neurology	Neurologis	t								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		200.00	11							
	Other (specify)		300.00								
Г		1			_	-			_	_	_
s	UBTOTAL of Receipts This Page (optional)				L.		,		33	00.0	0
<u> </u>				_	_						

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

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

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•••	EMIZED RECEIPTS		Detailed Summary Page		(11a		11b	11c		12	
_					13		14	15		16	17
	ny information copied from such Reports and for commercial purposes, other than using t										
\backslash	NAME OF COMMITTEE (In Full)										
	American Academy of Neurolo	ogy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Jon M. Gustafson				Date o	f Re	eceipt				
	Mailing Address 7009 Naples Way				м м 01	/	12			016	Y
	City	State	Zip Code		Trans	sact	ion ID :	3896254	48		
	Fort Smith	AR	72916-8701	_	Amoun	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7	5	_	1000	.00
	Name of Employer	Occupation	I	-							
	Sparks Health System	Neurologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		1000.00	4							
в.	Full Name (Last, First, Middle Initial) Dr. James C. Stevens				Date o	f Re	eceipt				
	Mailing Address 12112 Aboite Center Rd				01	/	13		2() 016	Y
	City	State	Zip Code		Trans	act	ion ID :	3896255			
	Fort Wayne	IN	46814-9528		Amoun	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	C					,			209.	.00
	Name of Employer	Occupation	I								
	Allied Physicians, Inc.	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify)		209.00	4							
с.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus				Date o	f Re	eceipt				
	Mailing Address 4008 Muskogee Avenue				м м 01	/	16			016	Y
	City	State	Zip Code		Trans	sact	ion ID :	: 389723			
	Des Moines	IA	50312-4627		Amoun	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	1000	.00
	Name of Employer	Occupation	1	-							
	UnityPoint Health Physicians	Neurologist	t								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
s	UBTOTAL of Receipts This Page (optional).			 			7	3	-	2209.	00

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

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

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PAGE

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TTEMIZED RECEIPTS	EIPTS for each category of the Detailed Summary Page					11b	11c	12	Г						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may no the name and addre	t be sold or used by any p ss of any political committee	erson e to so	13 for the plicit co	pur pontrik	14 pose o putions	15 f soliciting from suc	g contril h comm	butio	17 ons e.					
NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainPAC														
Full Name (Last, First, Middle Initial) A. Dr. Nancy L. Mueller Mailing Address 34 Stonybrook Road City Tenafly FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼		Zip Code 07670-1118 -to-Date ▼ 416.66			sact	19 ion ID		his Perio		6					
Full Name (Last, First, Middle Initial) B. Dr. Amy E. Sanders Mailing Address 4588 Cascades Drive City	Ctoto	Zin Codo		Date of	/	09)	2016	Ý						
Manlius FEC ID number of contributing federal political committee. Name of Employer	ID number of contributing ral political committee.							Transaction ID : 39020670 Amount of Each Receipt this Period 500.00							
Mmc Medical Center Receipt For: Primary General Other (specify) ▼	Neurologist Aggregate Year	-to-Date ▼ 500.00	1												
C. Dr. James N. Goldenberg Mailing Address 610 N Lakeside Dr City Lake Worth	State FL	Zip Code 33460-3121			sact	23 ion ID	3 : 390234								
Lake Worth FEC ID number of contributing federal political committee. Name of Employer MSPB Neurology Receipt For: Primary General Other (specify)	C Occupation Neurologist Aggregate Year]	Amour	nt of	Each I	Receipt th		od 00.0	0					
SUBTOTAL of Receipts This Page (optional)						7		34 [,]	16.66	3					

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

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

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TIEWIZED RECEIPTS		Detailed Summary Page	X 11	- H	11b	11c	12	17				
Any information copied from such Reports a or for commercial purposes, other than using			erson for	he pi	urpose (of solicitin	g contribu	utions				
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC										
A. Mr. Rod Larson Mailing Address 4550 Minnetonka Bouleva	ard Unit 109		Date of Receipt									
City Minneapolis	State MN	Zip Code 55416-5415	Tr	ansad	ction ID	: 390234 Receipt t	89					
FEC ID number of contributing federal political committee.	С				9			0.00				
Name of Employer American Academy of Neurology Receipt For: Primary General Other (specify)		n Policy Officer Year-to-Date ▼ 1000.00]									
Full Name (Last, First, Middle Initial) B. Dr. Pushpa Narayanaswami Mailing Address 506 Clinton Road				e of F	Receipt	D / Y	Y Y	Y				
City Chestnut Hill	State MA	Zip Code 02467-1419	Tr			4 : 390235 Receipt t						
FEC ID number of contributing federal political committee.	s a l							0.00				
Name of Employer Beth Israel Deaconess Medical Center	Occupation Physician											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1									
Full Name (Last, First, Middle Initial) C. Dr. Gil I. Wolfe	I		Dat	e of F	Receipt							
Mailing Address 217 Lakefront Blvd.				™)1	/ D	D / Y	2016	Y				
City Buffalo	State NY	Zip Code 14202-4314				: 390235 Receipt t		d				
FEC ID number of contributing federal political committee.	C				7		50	0.00				
Name of Employer Univ. at Buffalo/Suny	Occupation Neurologist											
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00]									
SUBTOTAL of Receipts This Page (optiona	l)						2000).00				

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

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

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		Detailed Summary Page		< 11a		11b	11c	12		
And information and informed former	Departs and Obstances			13		14	15	16		17
Any information copied from such or for commercial purposes, other	Heports and Statements mathematic than using the name and a	ay not be sold or used by any pound of any pound by any political committee	erson e to so	tor the olicit cor	purp ntribu	ose of utions fr	soliciting	contr ו comו	mitte	ons e.
NAME OF COMMITTEE (In Ful										
American Academy o		AC								
Full Name (Last, First, Middle II A. Dr. Javier Cardenas	nitial)			Date of	f Ror	noint				
Mailing Address 4135 N. 33rd S	t				_		/ V	V	Y	V
				01	ľ.	24	7 1	2010		·
City	State	Zip Code		Trans	actio	on ID : :	3902353			
Phoenix	AZ	85018-4724		Amount	t of E	Each R	eceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	C					,		Ę	500.0)0
Name of Employer	Occupation	1								
St. Joseph's Hospital & Medical	Center Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00	1							
Full Name (Last, First, Middle In	nitial)									
B. Dr. Janice F. Wiesman				Date of	f Red	ceipt				
Mailing Address 330 E 38th Stre	eet			MM	/	DDD	/ Y	Y		r
Apt 14D City	State	Zip Code	_	01 Trans	actic	24	39023542	2016 2	5	
New York	NY	10016-2768					eceipt th		iod	
FEC ID number of contributing federal political committee.	С					,			209.0)0
Name of Employer	Occupation	1								
Boston University School of Med										
Receipt For:		Year-to-Date ▼	_							
Primary General	7.9910940		11							
Other (specify)		, 209.00								
Full Name (Last, First, Middle II C. Dr. Neil A. Busis	nitial)			Date of	f Red	ceipt				
Mailing Address 6934 Rosewoo	nd St			м м 01	/	D D D 27	/ Y	2016		Ŷ
City	State	Zip Code		Trans	acti	on ID :	3903231	7		
Pittsburgh	PA	15208-2639		Amount	t of E	Each R	eceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	C					,	- 7	50	000.0	00
Name of Employer	Occupation	1								
UPP Department of Neurology-S	hadyside Physician									
Receipt For:		Year-to-Date ▼								
Other (specify)		5000.00								
		7 7								
SUBTOTAL of Receipts This Pag	e (optional)		<u> </u>			,		57	709.0	0

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a 13		11b 14		11c 15		12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose c		oliciting		ntribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC										-
A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Samuels Mailing Address 501 SE 2nd St #1302 City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State FL Occupation Physician Aggregate	Zip Code 33301-3682 Year-to-Date ▼ 250.00			/ acti	2: ion ID	3 : 3	/ Y 903232 ceipt thi	20 2	016 Period 250.	У 00	_
в.	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Mailing Address 1725 W Harrison St Ste 1106				Date of	Re ′	D .		/ Y		Y	Y	
	City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60612-3845					: 39	9050297 ceipt thi	7	2016 Period 209.	00	
	Name of Employer Rush Univ. Med. Ctr. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 209.00										
C.	Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson Mailing Address 4785 Kitty Hawk Drive City Atlanta	State GA	Zip Code			/ acti	20 ion ID	3 : 3	/ Y 905029	20 8)16	Ŷ	-
	Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Healthcare Receipt For: Primary General Other (specify)	Occupation Physician	30342-2506 Year-to-Date ▼ 416.66		Amount	of	Each	Re	ceipt thi	is P	416	.66	
s	UBTOTAL of Receipts This Page (optional)		•			_	-		7		875.	66	
т	OTAL This Period (last page this line number o	only)	••••••				,						

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

(check only one)

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20

		Detailed Summary Page	11a		11b	11c	12		_
Any information copied from such Reports and or for commercial purposes, other than using									<u></u>
NAME OF COMMITTEE (In Full) American Academy of Neurol									
Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Mailing Address 828 Homestead Dr City Dallas FEC ID number of contributing federal political committee. Name of Employer Geisinger Receipt For: Primary General Other (specify)	State PA C Occupation Behavioral Aggregate			act	30	7 Y 3905224 eceipt thi		_]
Full Name (Last, First, Middle Initial) B. Dr. Richard A. Lafrance Mailing Address 2392 NW Hummingbird Dr. City Corvallis FEC ID number of contributing federal political committee. Name of Employer Corvalis Clinic Receipt For: Primary General Other (specify) ▼	State OR C Occupation Physician	Zip Code 97330-2278 Year-to-Date ▼ 1000.00		act	31	/ Y 39052285 ecceipt thi		Y 00]
Full Name (Last, First, Middle Initial) Dr. Patrick M. Capone Mailing Address 125A Medical Cir City Winchester FEC ID number of contributing federal political committee. Name of Employer Winchester Neurological Consultants, I Receipt For: Primary General Other (specify)	State VA C Occupation Physician Aggregate	Zip Code 22601-3322 Year-to-Date ▼ 1000.00		/ sact	31 tion ID :	/ Y 3905230 eceipt thi		_]
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Use separate schedule(s) for each category of the

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American Academy of Ne	urology BrainPAC												
Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler			Date of F	Receipt									
Mailing Address 58 Morton Street			м м 01	/ 0		y y 2016	Y						
City Needham Heights	State Zip Code MA 02494-120	04			: 3905280 Receipt th								
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Name of Employer BUMC Dept. of Neurology	Occupation Physician												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1100.00]										
Full Name (Last, First, Middle Initial) Dr. David D. Brown Mailing Address 502 Saint John Way			Date of F	Receipt		ÝÝ	V						
City	State Zip Code		01	07		2016							
Placentia	CA 92870-232	20			Receipt th								
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Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	-100.00	Refund(s)	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00									
Full Name (Last, First, Middle Initial) Dr. William E. Lievens			Date of F	Receipt									
Mailing Address 2400 Midfield Drive			01	/ D 25		2016	Y						
City Montgomery	State Zip Code AL 36111-152	29			: 3910684 Receipt th								
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Name of Employer	Occupation												
UAB Receipt For:	Neurologist		_										
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NAME OF COMMITTEE (In Full) American Academy of Neul	rology BrainP	AC											
Full Name (Last, First, Middle Initial) A. Dr. Allyson Zazulia Mailing Address 660 S Euclid Ave Campus Box 8111 City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State MO C Occupation Aggregate	Zip Code 63110-1010 Year-to-Date ▼		Amoun	sactio t of E	29 <u>n ID :</u> ach F	3910684 Receipt th	nis Period					
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-	Il Name (Last, First, Middle Initial) Iational Republican Senatorial Co	mmittee			Date of Disbursement
_	ailing Address Ronald Reagan Republican Center 425 2nd Street NE				01 27 2016
	ashington	State Zip DC 200	Code 00		Transaction ID : 39034246
	urpose of Disbursement Party Committee Contribution			011	Amount of Each Disbursement this Period
Ca	andidate Name			Category/ Type	15000.00
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	ashington	State Zip DC 200	Code 002		Transaction ID : 39034247
	Irpose of Disbursement National Party Contribution			011	Amount of Each Disbursement this Period
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-	Republican Main Street PAC				Date of Disbursement
M	ailing Address 325 7th Street, NW Suite 610				01 27 2016
	ashington	State Zip DC 200	Code 004		Transaction ID : 39034248
F	urpose of Disbursement Party Organization contribution			011	Amount of Each Disbursement this Period
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А.	Democratic Congressional Campa	ign Com	imittee					_	Duise		Y	Y Y	Y						
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	City Washington	State DC	Zip Code 20003				Trans	sacti	ion ID	: 39034:	345								
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	Washington	State DC	Zip Code 20002				Tran												
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C.	Blue Dog Political Action Committe	e					Date o		sburse		V	(Y	Y						
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	Washington	State DC	Zip Code 20003				Tran	sact	ion ID	: 39034	347								
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	Washington Purpose of Disbursement	DC 20005											
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	Mailing Address PO Box 99567						0	1	5	27	7	2	2016				
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	Collinsville	State IL	Zip Code 62234				Transaction ID : 3903435						156				
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