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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Use Only	/
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example over the		, type	12FE4M	5	
American Academy of N	leurology BrainP						1
ADDRESS (number and street)	401 C St NE						
Check if different than previously	Washington					20002	
2. FEC IDENTIFICATION NUM				S	TATE		
C C00435933	3	B. IS THIS REPORT	× NE (N) OR	AN (A)	/ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	× M	ay 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Ju	n 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Ju	I 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	the second se	ary (12P)		General	(12G)	Runoff (12R)
October 15	Report for th	e: Conv	ention (12	2C)	Special ((12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)		ection on	M /	D D /	Y Y Y Y Y	in th State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electic		eral (30G)		Runoff (3	30R)	Special (30S)
Termination Report (TER)	Report for th	e: ection on	M /	D D /	Y Y Y Y	in th State	
5. Covering Period	/ D D / Y Y 01 20	20 th	rough	M M 04	/ D D / 30	2020]
I certify that I have examined this Type or Print Name of Treasurer	Report and to the bes Engel, Timothy J., , Mr.		e and be	elief it is true	e, correct and	d complete.	
Type of this name of neustroi							
Signature of Treasurer	Timothy J., , Mr.,	[Elec	tronically I	Filed] Da	ate 05	1 / D D 18	2020
NOTE: Submission of false, erroneo	us, or incomplete inform	nation may subject	the perso	on signing thi	s Report to tl	he penalties of	52 U.S.C. § 30109
Office Use Only						FEC FC Rev. 05	

PAGE 1 / 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M D D М D М N D 04 01 2020 04 30 2020 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 339784.46 January 1, 2020 (b) Cash on Hand at 330380.46 Beginning of Reporting Period..... 7234.00 95330.00 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 435114.46 337614.46 6(a) and 6(c) for Column B)..... 0.00 97500.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 337614.46 337614.46 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on

10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

X

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

For further information contact:

0.00

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: 04	/ D D / Y Y Y Y 01 2020	To: 04 / 04 / 2020				
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						
(i) Itemized (use Schedule A)	5170.00	66638.00				
(ii) Unitemized	2064.00	28692.00				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)	7234.00	95330.00				
(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)	7234.00	95330.00				
Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
All Loans Received	0.00	0.00				
_						
Loan Repayments Received	0.00	0.00				
Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
Refunds of Contributions Made	4 4	47. 47. 48.				
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	4					
(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))►	7234.00	95330.00				
Tatal Endevel Dessints						
Total Federal Receipts	7024.00	05000.00				
(subtract Line 18(c) from Line 19)▶	7234.00	95330.00				

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 97500.00 and Other Political Committees... 0.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 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 Total Federal Election Activity (add (C) 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)).. 0.00 97500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 0.00 97500.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

					7234.00
	-7			-7	
					0.00
1	-	1	1	-	0.00
					7234.00
	-	1		-	7234.00
					0.00
	7			7	0.00
					0.00
	-7			-7	0.00
					0.00
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		-		-	0.00
Γ.		-		-	95330.00
	Ţ,	-		-	0.00
Γ.		-		-	0.00
Γ.	Ţ		Ţ		0.00

COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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

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	or commercial purposes, other than using the na						or the		pos	se of	soliciti		ontribu	itions			
	IAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC	:													
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schwartzbard, Julie, B., Dr., Mailing Address 19451 Ambassador Ct 								Date of Receipt									
_	Dity	State		Zip Code			04	acti	L	02	, 44697:	2	2020				
_	Miami	FL		33179-6429		A	mount	of	Ea	ich Re	eceipt	this	Period				
	EC ID number of contributing ederal political committee.	С							,				84.	.00			
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Ē	Receipt For: Primary General Other (specify)																
	ull Name of Individual (Last, First, Middle Initial Glass, Jamie, , Mrs.,) or Full O	rgar	nization Name		C	Date of	Re	ece	ipt							
_	Aailing Address 3805 E BELL RD STE 2400					04 03 / Y Y Y Y 04 03											
	Sity PHOENIX	StateZip CodeAZ85032-2181							-		147032 eceipt		Period				
	EC ID number of contributing ederal political committee.	C							-				85.	.00			
	lame of Employer (for Individual) enter for Neurology and Spine		•	ion (for Individual) Assistant			Me	emo) It	em							
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 340.00													
С	ull Name of Individual (Last, First, Middle Initial Weathers, Allison, L., Dr.,) or Full O	rgar	nization Name		0	Date of	Re	ece	ipt							
_	failing Address 8220 Woodberry Blvd					[^M 04	/	L	03	J L	2	2020	Ŷ			
	Sity Chagrin Falls	State OH		Zip Code 44023-4526	-						447032		Poriod				
F	EC ID number of contributing ederal political committee.	ntributing						Amount of Each Receipt this Period									
	Name of Employer (for Individual)Occupation (for Individual)Cleveland ClinicNeurologist							Memo Item									
F		Aggregate	Yea	r-to-Date ▼													
	Other (specify)		-	336.00													
su	BTOTAL of Receipts This Page (optional)				. 🕨	[9		, j		253.	00			

PAGE 6 OF

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\	MMITTEE (In Full) Academy of Neurolo	ogy BrainP	AC										
Full Name of A. Patel, Anup	Individual (Last, First, Middle , D., Dr.,	Initial) or Full O	rganization Name		Date of	Rec	ceipt						
	88 1834 Chateaugay Way				м м 04	/	04	/ Y	2020	Y			
City Blacklick		State OH	Zip Code 43004-8001				on ID : 4 Each Re		30 nis Period				
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Primary	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 336.00												
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	5921 Bayview Circle South				м м 04	/	08	/ Y	y y 2020	Y			
City Gulfport		State FL	Zip Code 33707-3929				on ID : 4 Each Re		3 nis Period	_			
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	Name of Employer (for Individual) Occupation (for Individual) Intensive Neuro Neurologist						Item						
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Full Name of C. Mueller, N	Individual (Last, First, Middle Iancy, L., Dr.,	Initial) or Full O	rganization Name		Date of	Rec	ceipt						
Mailing Addres	SS 34 Stonybrook Road				м м 04	/	D D 09	/ Y	2020 [°]	Y			
City Tenafly		State NJ	Zip Code 07670-1118				on ID : 4 Each Re		10 nis Period				
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PAGE 7 OF

Use separate schedule(s)	FOR LINE NUMBER: (check only one)						
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	(check only one)										
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Any information copied from such or for commercial purposes, other														
NAME OF COMMITTEE (In F American Academy		AC												
Full Name of Individual (Last, Holtz, Steven, J., Dr.,	First, Middle Initial) or Full O	rganization Name	Date of	Receipt										
Mailing Address 2009 Tampa			M M / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City Oakland	State CA	Zip Code 94611-2620	Transaction ID : 44708743 Amount of Each Receipt this Period											
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Name of Employer (for Individ Neurology Medical Group of Di	,	upation (for Individual) rologist	Me	mo Item										
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City Rochester	State MN	Zip Code 55902-4134	Transaction ID : 44725705 Amount of Each Receipt this Period											
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Name of Employer (for Individ Mayo Clinic	,	upation (for Individual) Irologist	Memo Item											
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City Providence	State RI	Zip Code 02906-5120		of Each Rec										
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PAGE 8 OF

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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\	AME OF COMMITTEE (In Full)														
<u> </u>	American Academy of Neurolog	y BrainP	PAC												
	ull Name of Individual (Last, First, Middle Init Johnson, Nicholas, Elwood, Dr.,	tial) or Full O	Drganization Name	Date of Receipt											
	lailing Address 11535 GREY OAKS ESTATES			04 / 15 / 2020											
	ity	State	Zip Code	Transaction ID: 44727637											
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	Primary General Other (specify) ▼		400.00												
	ا ull Name of Individual (Last, First, Middle Init Barkley, Gregory, L., Dr.,	tial) or Full O	Drganization Name	Dat	te of	Red	ceipt								
_	lailing Address 2890 Burlington St			04 16 2020											
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R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00												
F	ull Name of Individual (Last, First, Middle Init	tial) or Full O	Drganization Name												
C	Smith, Marsha, , Dr.,			Dat	te of	Ree	ceipt								
_	lailing Address 5988 Capeview Pl				04 ^M	/	D 16) / Y	y y 2020	Y					
	ity Magan	State OH	Zip Code					4473005							
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	lame of Employer (for Individual) Riverhills Neuroscience		upation (for Individual) Irologist		Memo Item										
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			-9° I - 9° I - 9° I - 10° I			_									
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

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PAGE 10 OF

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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainP	AC															
A.	Full Name of Individual (Last, First, Middle Initia Kilgore, Shannon, M., Dr.,	l) or Full O	rgani	zation Name	Date of Receipt													
	Mailing Address 11 Doud Dr							04 17 2020										
	City Los Altos	State CA		Zip Code 94022-2323		Transaction ID : 44730514 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.CName of Employer (for Individual)OVA Palo Alto HCSP					84.00													
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 336.00														
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Lyell, K., Dr.,						Re	ceipt										
	Mailing Address 2055 Scenic View Lane SW						/	20		Y Y 20)20	Y						
	City Rochester	StateZip CodeMN55902-2575				Transaction ID : 44732900 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C				84.00												
	Name of Employer (for Individual) Mayo Clinic		Occupation (for Individual) Neurologist				Memo Item											
	Receipt For:	Aggregate	Year-	to-Date ▼ 336.00														
С.	Full Name of Individual (Last, First, Middle Initia Koenig, Matthew, A., Dr.,	l) or Full O	rgani	zation Name		Date of	Re	ceipt										
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	City Honolulu	State HI		Zip Code 96816-3234		Trans Amount			44735 Receipt		Period							
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The Queen's Medical Center				on (for Individual) st		Memo Item												
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			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Academy of Neuro	ology BrainP	AC										
Full Name of Individual (Last, First, Middl A. McCollum, David, N., Dr.,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1806 Warbler Way			04 / D D / Y Y Y Y 04 21 2020									
City Charlottesville	State VA	Zip Code 22903-7956	Transaction ID : 44735788 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		100.00									
Name of Employer (for Individual) UVA Health		upation (for Individual) Irologist	Memo Item									
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1									
Other (specify) ▼		400.00	1									
Full Name of Individual (Last, First, Middl B. Reynolds, Wesley, D., Dr.,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 3735 Yates St			04 23 2020									
City Denver	State CO	Zip Code 80212-2040	Transaction ID : 44735929 Amount of Each Receipt this Period									
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Name of Employer (for Individual) Centura Health		upation (for Individual) urologist	Memo Item									
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		675.00]									
Full Name of Individual (Last, First, Middl C. Khan, Jaffar, , Dr.,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4669 Arbor Crest Place			04 / D D / Y Y Y Y 23 2020									
City Suwanee	State GA	Zip Code 30024-6788	Transaction ID : 44735930 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 84.00									
Name of Employer (for Individual) Emory Healthcare		upation (for Individual) rologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]									
SUBTOTAL of Receipts This Page (optiona	l)		409.00									
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			for each category of the Detailed Summary Page	X 1	1a 3	_	11b 14	11c	12 16	17				
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	NAME OF COMMITTEE (In Full)													
<i>`</i>	American Academy of Neurolog	y BrainP/	AC											
	Full Name of Individual (Last, First, Middle Initi Bickel, Jennifer, , Dr.,	al) or Full Or	ganization Name	Da	te of	Rec	eipt							
_	Aailing Address 3400 SW 22nd Street			04 23 2020 Transaction ID : 44735932										
	City Blue Springs	State MO	Zip Code 64015-7617						32 his Period					
	EC ID number of contributing ederal political committee.	С			_	_,			100.	.00				
	Name of Employer (for Individual) Childrens Mercy Hospital Neurology		pation (for Individual) ologist		Me	mo	ltem							
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]										
	Full Name of Individual (Last, First, Middle Initi Cedarbaum, Jesse, M., Dr.,	al) or Full Or	ganization Name	Da	te of	Rec	eipt							
_	Aailing Address 16 Old Barnabas Rd		M	04	1	23) / Y	2020	Y					
	City Woodbridge	StateZip CodeCT06525-1923				Transaction ID : 44735938 Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		60.00										
	Name of Employer (for Individual) Coeruleus Clinical Sciences LLC	Occupation (for Individual) Neurologist			Memo Item									
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
	Full Name of Individual (Last, First, Middle Initi Busis, Neil, A., Dr.,	al) or Full Or	ganization Name	Da	te of	Rec	eipt							
Ν	Mailing Address 1065 2nd Ave, 7J			M	04 ^M	1	23		2020	Ŷ				
	City New York	State NY	Zip Code 10022-2887					4473593 Receipt th	39 nis Period					
	EC ID number of contributing ederal political committee.	С			_	,			416.	.00				
ι	Name of Employer (for Individual) JPP Department of Neurology-Shadyside	Occu Phys	pation (for Individual) ician		Me	mo	ltem							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00	1										
su	BTOTAL of Receipts This Page (optional)				_	,		. ,	576.	00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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ITEMIZED RECEIPTS		Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainP/	ΥC												
Full Name of Individual (Last, First, Middle Gilmer, William, S., Dr.,	Initial) or Full Or	ganization Name	Date of Receipt											
Mailing Address 2323 Dunstan Rd	01-1-	Zie Onde												
City Houston	State TX	Zip Code 77005-2613	Transaction ID : 44743724 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) Willam S Gilmer MD PA		pation (for Individual) ologist	Memo Item											
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 340.00]											
Full Name of Individual (Last, First, Middle B. Milstein, Mark, , Dr.,	Initial) or Full Or	ganization Name	Date of Receipt											
Mailing Address 111 E 88th St Apt 4F			04 24 2020											
City	State NY	Zip Code	Transaction ID : 44743728											
New York FEC ID number of contributing federal political committee.	С	10128-1158	Amount of Each Receipt this Period 85.00 Memo Item											
Name of Employer (for Individual) Montefiore Medical Center		pation (for Individual) rologist												
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ , 305.00]											
Full Name of Individual (Last, First, Middle C. Al-Khalili, Yasir, , Dr.,	Initial) or Full Or	ganization Name	Date of Receipt											
Mailing Address 2405 Carey Ln			04 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City Vienna	State VA	Zip Code 22181-5444	Transaction ID : 44743730 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		91.00											
Name of Employer (for Individual) Virginia Commonwealth University		pation (for Individual) ologist	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 273.00												
SUBTOTAL of Receipts This Page (optional)		•	261.00											

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	ny information copied from such Reports and S for commercial purposes, other than using the				for the		oose o	f solicitin	g contrib	utions					
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	AC												
Α.		itial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 245 Salem point dr sw	State	Zip Code		04 24 2020 Transaction ID : 44743731										
	Rochester	MN	55902-1317					Receipt t		d					
	FEC ID number of contributing federal political committee.	С						-	84	4.00					
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) Irologist		M	lemo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]											
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Finney, Glen, R., Dr.,						ceipt								
	Mailing Address 828 Homestead Dr						04 24 2020								
	City Dallas	State PA	Zip Code 18612-7227					: 447437 3 Receipt tl		d					
	FEC ID number of contributing federal political committee.	С		405.00											
	Name of Employer (for Individual) Geisinger Health		upation (for Individual) avioral Neurology		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1760.00]											
с.	Full Name of Individual (Last, First, Middle Ini Sanders, Amy, E., Dr.,	itial) or Full O	rganization Name		Date o	f Re	ceipt								
	Mailing Address 11 Wollmann Farms Road				^M 04	/	25		2020	Y					
	City Burlington	State CT	Zip Code 06013-1625		Transaction ID : 44746772 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			Memo Item										
	Name of Employer (for Individual) Ayer Neuroscience Institute		upation (for Individual) rologist												
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]											
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SUBTOTAL of Receipts This Page (optional)		_	 y		9	_	58	9.00	
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NAME OF COMMITTEE (In Full)								
American Academy of Neuro	ology BrainP	AC						
Full Name of Individual (Last, First, Midd Brashear, Allison, , Dr.,	le Initial) or Full O	rganization Name	Date	of Re	ceipt			
Mailing Address 1531 N Street Apt 305			M 04		25	/ Y	2020	Y
City	State	Zip Code	Trar	nsact	ion ID:4	4746773	3	
Sacramento	CA	95814-5099	Amou	nt of	Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	C						80.0	00
Name of Employer (for Individual) University of California, Davis		upation (for Individual) rologist		Memo	ltem			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		320.00						
Full Name of Individual (Last, First, Midd B. Davis, Anthony, , Dr.,	le Initial) or Full O	rganization Name	Date	of Re	ceipt			
Mailing Address 279 Phillips Road			M 04		25	/ Y	2020	Y
City	State	Zip Code	Tran	sacti	on ID : 4	4746774	1	
Pottsville	AR	72858-8896	Amou	nt of	Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	C						100.0	00
Name of Employer (for Individual) Davis Neurology PLLC		upation (for Individual) Irologist		Memo	Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		400.00]					
Full Name of Individual (Last, First, Middl C. Sico, Jason, J., Dr.,	le Initial) or Full O	rganization Name	Date	of Re	ceipt			
Mailing Address 82 Redcoat Lane			M 04		25	/ Y	y y 2020	Y
City Guilford	State CT	Zip Code 06437-1905			ion ID : 4			
FEC ID number of contributing			Amou	nt of	⊢ach Re	eceipt thi	s Period	_
federal political committee.	C				y	y	85.0	00
Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin		upation (for Individual) cal Reasearch Fellow		Memo	tem			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		340.00]					
SUBTOTAL of Receipts This Page (optiona	al)						265.0	0
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Any information copied from such Reports and or for commercial purposes, other than using				the pu						
NAME OF COMMITTEE (In Full)		duress of any political committee		conti	ibutions	nom suci	1 commu			
American Academy of Neurol	ogy BrainP	AC								
Full Name of Individual (Last, First, Middle A. Gupta, Ajay, S., Dr.,	Initial) or Full C	rganization Name	Date	e of F	Receipt					
Mailing Address 14335 Blue Heron Chase)4	/ D 25		y y 2020	Y		
City Roanoke	State IN	Zip Code 46783-8600				: 4474677 Receipt th		_		
FEC ID number of contributing federal political committee.	С						84.0	00		
Name of Employer (for Individual) Allied Physicians, Inc		upation (for Individual) Irologist		Merr	no Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00								
Full Name of Individual (Last, First, Middle Antonio, Aileen, , Dr.,	Initial) or Full C	rganization Name	Date	e of F	Receipt					
Mailing Address 2295 New Town Dr NE				M 04	/ D 25		y y 2020	Y		
City Crond Banida	State MI	Zip Code				4474677				
Grand Rapids		49525-3917	Amount of Each Receipt the				is Period			
FEC ID number of contributing federal political committee.	C			200.00						
Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N		upation (for Individual) Irologist) Men			Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		800.00								
Full Name of Individual (Last, First, Middle Beltran, Dario, , Dr.,	Initial) or Full C	rganization Name	Date	e of F	Receipt					
Mailing Address 4805 Briarwood Ave, Apt L	1			04 [™]	/ D 26		2020	Y		
City Midland	State TX	Zip Code 79707-2677				: 4474677 Receipt th	-			
FEC ID number of contributing federal political committee.	С				y .		60.0	00		
Name of Employer (for Individual) Premiere Physicians		upation (for Individual) rologist		Men	no Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
SUBTOTAL of Receipts This Page (optional)		•					344.0	00		

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FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
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	formation copied from such Reports and Stat commercial purposes, other than using the na			rson for t	he pu	irpose		liciting	contribu	tions
\ \	ME OF COMMITTEE (In Full) merican Academy of Neurology	BrainP	AC							
/										
	l Name of Individual (Last, First, Middle Initial opinski, Jason, , Mr.,) or Full Oi	rganization Name	Date	e of F	Receipt				
Ma	iling Address 201 Chicago Ave				[™]	/ 2	26	/ Y	y y 2020	Y
City Mir	/ nneapolis	State MN	Zip Code 55415-1126			tion ID			0 s Period	
	C ID number of contributing eral political committee.	С				1			91.	00
Am	ne of Employer (for Individual) erican Academy of Neurology ceipt For:		upation (for Individual) uty Executive Director		Merr	no Item	ı			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00							
	Name of Individual (Last, First, Middle Initial) or Full O	rganization Name							
	ao, Xiao-Ke, , Dr., iling Address 102 Sheephill Road			М	e of F Maria	Receipt	26	/ Y	y y 2020	Y
City	1	State	Zip Code			tion ID		746781		
Riv	verside	СТ	06878-1121	Amo	ount o	f Each	Rec	eipt thi	s Period	
	C ID number of contributing eral political committee.	С				-y		-	100.	00
	me of Employer (for Individual) stern Comprehensive Medical Services		upation (for Individual) Irologist		Merr	no Item	ı			
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
	Name of Individual (Last, First, Middle Initial rusinski, Christopher, , Dr.,) or Full Oi	rganization Name	Date	e of F	Receipt				
Mai	ling Address 119 Lansing Island)4		26	/ Y	y y 2020	Y
City	/ lian Harbour Beach	State FL	Zip Code 32937-5354			ction II of Each			3 s Period	
	C ID number of contributing eral political committee.	С				y		,	209.	_
Ch	ne of Employer (for Individual) ristopher J Prusinski,DO,PA		upation (for Individual) rologist		Men	no Item	ו			
Heo	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 836.00							
SUB	TOTAL of Receipts This Page (optional)		•			,		9	400.	00
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	such Reports and Statements other than using the name an					soliciting	contribut	tions	
NAME OF COMMITTEE A American Acader	(In Full) ny of Neurology Brair	PAC							
Full Name of Individual (L Kissela, Brett, M., Dr.,	ast, First, Middle Initial) or Ful	l Organization Nar	ne	Date of	Receipt				
Mailing Address 9878 Zig	-			04	/ D D 27	/ Y	ү ү 2020	Y	
City Montgomery	State OH	Zip Code 45242-63	311		action ID :				
FEC ID number of contrib federal political committee	ů.					F	209.0)0	
Name of Employer (for In University of Cincinnati Ho	,	Occupation (for Indi Neurologist	ividual)	Me	emo Item				
Receipt For: Primary G Other (specify) ▼	eneral Aggrega	ate Year-to-Date ▼	836.00						
B. Brandes, David, W.		l Organization Nar	ne		Receipt				
Mailing Address 106 Autu	mn Woods Drive	Zip Code		04	/ D D 27	/ Y	2020	Y	
Sweetwater	TN	37874-64	82		action ID : 4 of Each Re				
FEC ID number of contrib federal political committee	ů.			85.00					
Name of Employer (for In Hope Neurology	,	Occupation (for Ind Neurologist	ividual)	Me	emo Item				
Receipt For: Primary G Other (specify) ▼	eneral Aggrega	ate Year-to-Date ▼	340.00						
Full Name of Individual (L C. Thirumala, Partha	.ast, First, Middle Initial) or Ful sarathy, , Dr.,	l Organization Nar	ne	Date of	Receipt				
Mailing Address 4020 Pa	rk Place			04	/ D D 21	/ Y	y y 2020	Y	
City Glenshaw	State PA	Zip Code 15116-25	74		of Each R				
FEC ID number of contrib federal political committee	e e e e e e e e e e e e e e e e e e e					.,	25.0	00	
Name of Employer (for In University of Pittsburgh Me Receipt For:	edical Cente	Occupation (for Indi leurologist	·	M	emo Item				
	eneral Aggrega	ate Year-to-Date ▼	525.00						
SUBTOTAL of Receipts Thi	s Page (optional)					. ,	319.0	00	
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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Academy of Neuro	ology BrainP	AC							
Full Name of Individual (Last, First, Middl A. Urion, David, K., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3 Pierce Hill Road			04 28 / Y Y Y Y Y 2020						
City Lincoln	State MA	Zip Code 01773-3201	Transaction ID : 44755383 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) Children's Hospital Boston	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
Full Name of Individual (Last, First, Middl 3.	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address									
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]						
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address									
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
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