

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [09] / [01] / [2020] through [09] / [30] / [2020]

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

Signature of Treasurer Myren, Kevin C., Mr., [Electronically Filed] Date [10] / [16] / [2020]

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 This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | | 339784.46 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 308661.46 | |
| (c) Total Receipts (from Line 19) | 5345.00 | 138222.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 314006.46 | 478006.46 |
| 7. Total Disbursements (from Line 31)..... | 32500.00 | 196500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 281506.46 | 281506.46 |
| 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

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 4650.00 | 103484.00 |
| (ii) Unitemized | 695.00 | 34738.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5345.00 | 138222.00 |
| (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) | 5345.00 | 138222.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 5345.00 | 138222.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 5345.00 | 138222.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 32500.00 | 195500.00 |
| 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 | 0.00 | 1000.00 |
| (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))..... | 0.00 | 1000.00 |
| 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)) .. | 32500.00 | 196500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32500.00 | 196500.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 5345.00 | 138222.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5345.00 | 137222.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 27 |
| <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. Schwartzbard, Julie, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19451 Ambassador Ct

| | | |
|---------------|-------------|------------------------|
| City Miami | State FL | Zip Code 33179-6429 |
|---------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Aventura Neurologic and Assoc. | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 02 | | 2020 |

Transaction ID : 45136751

Amount of Each Receipt this Period
84.00

Memo Item

B. Glass, Jamie, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 E BELL RD
STE 2400

| | | |
|-----------------|-------------|------------------------|
| City PHOENIX | State AZ | Zip Code 85032-2181 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Center for Neurology and Spine | Occupation (for Individual) Medical Assistant |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 03 | | 2020 |

Transaction ID : 45139864

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 8220 Woodberry Blvd

| | | |
|-----------------------|-------------|------------------------|
| City Chagrin Falls | State OH | Zip Code 44023-4526 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 03 | | 2020 |

Transaction ID : 45139865

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| 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 7 OF 27 |
| | <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. Martello, Justin, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9818 Kraft Hill Rd

| | | |
|--------------------|-------------|------------------------|
| City Perry Hall | State MD | Zip Code 21128-9305 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Christiana Care Neurology Specialists | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2020 |

Transaction ID : 45140245

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1834 Chateaugay Way

| | | |
|-------------------|-------------|------------------------|
| City Blacklick | State OH | Zip Code 43004-8001 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2020 |

Transaction ID : 45140247

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 12112 Aboite Center Rd

| | | |
|--------------------|-------------|------------------------|
| City Fort Wayne | State IN | Zip Code 46814-9528 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
418.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2020 |

Transaction ID : 45140249

Amount of Each Receipt this Period
209.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 335.00 |
| 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 8 OF 27 |
| | <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. Coni, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 B Culbertson Ave

| | | |
|----------------------|-------------|------------------------|
| City Myrtle Beach | State SC | Zip Code 29577-1909 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Grand Strand Medical Center | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2020 |

Transaction ID : 45141703

Amount of Each Receipt this Period
35.00

Memo Item

B. Tabby, David, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 Spinghouse Lane

| | | |
|------------------------|-------------|------------------------|
| City Merion Station | State PA | Zip Code 19066-1114 |
|------------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Optimum Neurology | Occupation (for Individual) Physician |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2020 |

Transaction ID : 45141707

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 6431 E Sheridan St

| | | |
|--------------------|-------------|------------------------|
| City Scottsdale | State AZ | Zip Code 85257-1133 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 07 | | 2020 |

Transaction ID : 45141710

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 119.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 27 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Holtz, Steven, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 Tampa Avenue
 City Oakland State CA Zip Code 94611-2620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2020
Transaction ID : 45193441
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Mueller, Nancy, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Stonybrook Road
 City Tenafly State NJ Zip Code 07670-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Neurological Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 09 / 2020
Transaction ID : 45193442
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cook, Glen, A., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8701 Sleepy Hollow Lane
 City Potomac State MD Zip Code 20854-2566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walter Reed National Military Medical Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 09 / 2020
Transaction ID : 45193444
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 642.00 |
| 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 10 OF 27 |
| | <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 A. Cutsforth-Gregory, Jeremy, K., Dr., | | | Date of Receipt |
| Mailing Address 331 Wimbledon Hills Dr SW | | | <input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2020"/> |
| City Rochester | State MN | Zip Code 55902-4134 | Transaction ID : 45201421 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="84.00"/> |
| Name of Employer (for Individual) Mayo Clinic | | Occupation (for Individual) Neurologist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="756.00"/> | | |

| | | | |
|---|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stavros, Kara, , Dr., | | | Date of Receipt |
| Mailing Address 140 Pitman Street Apt 105 | | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2020"/> |
| City Providence | State RI | Zip Code 02906-5120 | Transaction ID : 45219572 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="84.00"/> |
| Name of Employer (for Individual) Rhode Island Hospital | | Occupation (for Individual) Neurologist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="814.00"/> | | |

| | | | |
|---|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thyerlei, Dinah, , Dr., | | | Date of Receipt |
| Mailing Address 5209 1st Ave NW | | | <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2020"/> |
| City Seattle | State WA | Zip Code 98107-2046 | Transaction ID : 45219989 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="15.00"/> |
| Name of Employer (for Individual) The Everett Clinic | | Occupation (for Individual) Neurologist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="235.00"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="183.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 27 |
| | <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. Smith, Marsha, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5988 Capeview Pl

| | | |
|---------------|-------------|------------------------|
| City Mason | State OH | Zip Code 45040-7505 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Riverhills Neuroscience | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 16 | | 2020 |

Transaction ID : 45219990

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3924 Pimlico Drive

| | | |
|----------------|-------------|------------------------|
| City Norman | State OK | Zip Code 73072-6521 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 20 | | 2020 |

Transaction ID : 45229852

Amount of Each Receipt this Period
42.00

Memo Item

C. Absher, John, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Collins Creek Rd

| | | |
|--------------------|-------------|------------------------|
| City Greenville | State SC | Zip Code 29607-3727 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 20 | | 2020 |

Transaction ID : 45229853

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 184.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 27 |
| <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. McCollum, David, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Warbler Way
 City Charlottesville State VA Zip Code 22903-7956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UVA Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2020
Transaction ID : 45229927
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Reynolds, Wesley, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3735 Yates St
 City Denver State CO Zip Code 80212-2040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centura Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 23 / 2020
Transaction ID : 45230991
 Amount of Each Receipt this Period 225.00
 Memo Item

c. Khan, Jaffar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4669 Arbor Crest Place
 City Suwanee State GA Zip Code 30024-6788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Healthcare Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2020
Transaction ID : 45230992
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 409.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 27 |
| <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. Cedarbaum, Jesse, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Old Barnabas Rd
 City Woodbridge State CT Zip Code 06525-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coerulus Clinical Sciences LLC Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 23 / 2020
Transaction ID : 45230994
 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 1065 2nd Ave, 7J
 City New York State NY Zip Code 10022-2887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPP Department of Neurology-Shadyside Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 23 / 2020
Transaction ID : 45230995
 Amount of Each Receipt this Period 416.00
 Memo Item

C. 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 ▼ 378.00

Date of Receipt 09 / 23 / 2020
Transaction ID : 45230997
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 518.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 27 |
| <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. 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 ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 23 | | 2020 |

Transaction ID : 45230998

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 630 Floyd St

| | | |
|--------------------------|-------------|------------------------|
| City Englewood Cliffs | State NJ | Zip Code 07632-2052 |
|--------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2020 |

Transaction ID : 45231659

Amount of Each Receipt this Period
42.00

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 New York | State NY | Zip Code 10128-1158 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
730.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2020 |

Transaction ID : 45231660

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 15 OF 27 |
| <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 245 Salem Point Dr SW

| | | |
|-------------------|-------------|------------------------|
| City Rochester | State MN | Zip Code 55902-1317 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 24 | / | 2020 |

Transaction ID : 45231663

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 Dallas | State PA | Zip Code 18612-7227 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Geisinger Health | Occupation (for Individual) Behavioral Neurology |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3785.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 24 | / | 2020 |

Transaction ID : 45231664

Amount of Each Receipt this Period
405.00

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 Burlington | State CT | Zip Code 06013-1625 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2020 |

Transaction ID : 45235207

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 589.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 27 |
| <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. Sico, Jason, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 Redcoat Lane

| | | |
|------------------|-------------|------------------------|
| City Guilford | State CT | Zip Code 06437-1905 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin | Occupation (for Individual) Clinical Reasearch Fellow |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2020 |

Transaction ID : 45235209

Amount of Each Receipt this Period
85.00

Memo Item

B. Antonio, Aileen, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 New Town Dr NE

| | | |
|----------------------|-------------|------------------------|
| City Grand Rapids | State MI | Zip Code 49525-3917 |
|----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N | Occupation (for Individual) Neurologist |
|---|--|

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 |
| 09 | | 25 | | 2020 |

Transaction ID : 45235211

Amount of Each Receipt this Period
200.00

Memo Item

C. 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 ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 26 | | 2020 |

Transaction ID : 45236377

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 535.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 27 |
| <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 Minneapolis | State MN | Zip Code 55415-1126 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2020 |

Transaction ID : 45236378

Amount of Each Receipt this Period
91.00

Memo Item

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

Mailing Address 102 Sheephill Road

| | | |
|-------------------|-------------|------------------------|
| City Riverside | State CT | Zip Code 06878-1121 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2020 |

Transaction ID : 45236379

Amount of Each Receipt this Period
100.00

Memo Item

C. 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) Christopher J Prusinski,DO,PA | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1881.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 26 | / | 2020 |

Transaction ID : 45236381

Amount of Each Receipt this Period
209.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 27 |
| <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. Urion, David, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Pierce Hill Road

| | | |
|-----------------|-------------|------------------------|
| City Lincoln | State MA | Zip Code 01773-3201 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Children's Hospital Boston | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2020 |

Transaction ID : 45236472

Amount of Each Receipt this Period
100.00

Memo Item

B. Di Carlo-Garner, Rosanna, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3647 Bayshore Blvd NE

| | | |
|--------------------------|-------------|------------------------|
| City Saint Petersburg | State FL | Zip Code 33703-5513 |
|--------------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Vincent Di Carlo & Associates | Occupation (for Individual) Neurologist |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2020 |

Transaction ID : 45236474

Amount of Each Receipt this Period
42.00

Memo Item

C. Smith, Jonathan, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 354 Compton Hills Dr

| | | |
|-----------------|-------------|------------------------|
| City Wyoming | State OH | Zip Code 45215-4118 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) UC Depart of Neurology & Rehabilitatio | Occupation (for Individual) Neurologist |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2020 |

Transaction ID : 45236476

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 184.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 27 |
| | <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. 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 ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2020 |

Transaction ID : 45236477

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 18911 Presley Circle

| | | |
|------------------|-------------|------------------------|
| City 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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2020 |

Transaction ID : 45236480

Amount of Each Receipt this Period
30.00

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:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 72.00 |
| TOTAL This Period (last page this line number only)..... | 4650.00 |

**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. Grassley Committee Inc | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 1000 | | FEC Identification Number C C00230482 Transaction ID : 45235254 |
| City Des Moines | State IA | Zip Code 50304 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name Grassley, Charles, E., Sen., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IA | District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Wyden For Senate | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 232 Ne 9th Avenue | | FEC Identification Number C C00308676 Transaction ID : 45235257 |
| City Portland | State OR | Zip Code 97232 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name Wyden, Ron, , Sen., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: OR | District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Haley Stevens For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 33717 Woodward Ave #539 | | FEC Identification Number C C00638650 Transaction ID : 45235258 |
| City Birmingham | State MI | Zip Code 48009 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name Stevens, Haley, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MI | District: 11 | |

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

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

| |
|---------|
| 3000.00 |
| |

**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. Larson For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 261172 | | FEC Identification Number C00330142 Transaction ID : 45235259 |
| City Hartford | State CT | Zip Code 06126 |
| Purpose of Disbursement Campaign Contribution | | Category/Type 011 |
| Candidate Name Larson, John, B., Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CT District: 01 | <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends Of Ben McAdams | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 2205 S 1000 E | | FEC Identification Number C00658633 Transaction ID : 45235260 |
| City Salt Lake City | State UT | Zip Code 84106 |
| Purpose of Disbursement Campaign Contribution | | Category/Type 011 |
| Candidate Name McAdams, Ben, , , | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: UT District: 04 | <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Citizens For Boyle | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 11545 | | FEC Identification Number C00543363 Transaction ID : 45235263 |
| City Philadelphia | State PA | Zip Code 19116 |
| Purpose of Disbursement Campaign Contribution | | Category/Type 011 |
| Candidate Name Boyle, Brendan, F., Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: PA District: 02 | <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3000.00 |
| 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 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. Yarmuth For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 2018 Brownsboro Road | | FEC Identification Number C000419630 Transaction ID : 45235264 |
| City Louisville | State KY | Zip Code 40206 |
| Purpose of Disbursement Campaign Contribution | | 011 Category/ Type |
| Candidate Name Yarmuth, John, A., Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: KY | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Perlmutter For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 3440 Youngfield Street #264 | | FEC Identification Number C000410639 Transaction ID : 45235265 |
| City Wheat Ridge | State CO | Zip Code 80033 |
| Purpose of Disbursement Campaign Contribution | | 011 Category/ Type |
| Candidate Name Perlmutter, Edwin, , Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: CO | District: 07 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Alex Mooney For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 1863 | | FEC Identification Number C00629949 Transaction ID : 45235268 |
| City Martinsburg | State WV | Zip Code 25402 |
| Purpose of Disbursement Campaign Contribution | | 011 Category/ Type |
| Candidate Name Mooney, Alex, , Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: WV | District: 02 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3000.00 |
| 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 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. Barbara Lee For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 333 Hegenberger Rd, Ste 369 | | FEC Identification Number C C00331769 Transaction ID : 45235269 |
| City Oakland | State CA | Zip Code 94621 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name Lee, Barbara, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 13 | Category/Type 011 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Terri Sewell For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 1964 | | FEC Identification Number C C00458976 Transaction ID : 45235270 |
| City Birmingham | State AL | Zip Code 35201 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 2000.00 Campaign Contribution |
| Candidate Name Sewell, Terri, A., Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: AL District: 07 | Category/Type 011 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends Of David Schweikert | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 15785 | | FEC Identification Number C C00540617 Transaction ID : 45235271 |
| City Phoenix | State AZ | Zip Code 85060 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name Schweikert, David, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: AZ District: 06 | Category/Type 011 | |

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

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

| |
|---------|
| 4000.00 |
| |

**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

A. McCarthy Victory Fund

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Federal PAC Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2020

FEC Identification Number: C

Transaction ID : 45235277

Amount of Each Disbursement this Period: 2500.00

Federal PAC Contribution

Memo Item

B. Guthrie For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement Campaign Contribution

Candidate Name Guthrie, Brett, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement: 09 / 25 / 2020

FEC Identification Number: C C00445023

Transaction ID : 45235283

Amount of Each Disbursement this Period: 2000.00

Campaign Contribution

Memo Item

C. Bilirakis For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Campaign Contribution

Candidate Name Bilirakis, Gus, M., Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement: 09 / 25 / 2020

FEC Identification Number: C C00408534

Transaction ID : 45235286

Amount of Each Disbursement this Period: 2000.00

Campaign Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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 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. Bucshon For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 250 | | FEC Identification Number C00468256 Transaction ID : 45235287 |
| City Newburgh | State IN | Zip Code 47629 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 2000.00 Campaign Contribution |
| Candidate Name Bucshon, Larry, , Rep., MD | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IN District: 08 | Category/Type 011 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Billy Long For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 3246 E Ridgeview St | | FEC Identification Number C00460063 Transaction ID : 45235291 |
| City Springfield | State MO | Zip Code 65804 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name Long, Billy, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MO District: 07 | Category/Type 011 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. McKinley For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 642 | | FEC Identification Number C00473132 Transaction ID : 45235294 |
| City Morgantown | State WV | Zip Code 26507 |
| Purpose of Disbursement Campaign Contribution | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Candidate Name McKinley, David, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WV District: 01 | Category/Type 011 | |

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

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

| |
|---------|
| 4000.00 |
| |

**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. Schakowsky For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address P.O. Box 5130 | | FEC Identification Number C00327023 Transaction ID : 45235295 |
| City Evanston | State IL | Zip Code 60204 |
| Purpose of Disbursement Campaign Contribution | | 011 Category/ Type |
| Candidate Name Schakowsky, Jan, D., Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: IL | District: 09 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Doyle For Congress Committee | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 205 Hawthorne Ct | | FEC Identification Number C00290064 Transaction ID : 45235296 |
| City Pittsburgh | State PA | Zip Code 15221 |
| Purpose of Disbursement Campaign Contribution | | 011 Category/ Type |
| Candidate Name Doyle, Michael, F., Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: PA | District: 18 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends Of Neal Dunn | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 16088 | | FEC Identification Number C00582304 Transaction ID : 45235298 |
| City Panama City | State FL | Zip Code 32406 |
| Purpose of Disbursement Campaign Contribution | | 011 Category/ Type |
| Candidate Name Dunn, Neal, , Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: FL | District: 02 | |

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

3000.00

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 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. Clarke For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 111-36 200th. Street | | FEC Identification Number C00415331 Transaction ID : 45235299 |
| City Hollis | State NY | Zip Code 11412 |
| Purpose of Disbursement Campaign Contribution | | Category/Type 011 |
| Candidate Name Clarke, Yvette, D., Rep., | | Amount of Each Disbursement this Period 1000.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NY | District: 09 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Dr. Cameron Webb For Congress | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address PO Box 679 | | FEC Identification Number C00714964 Transaction ID : 45235301 |
| City Charlottesville | State VA | Zip Code 22902 |
| Purpose of Disbursement Campaign Contribution | | Category/Type 011 |
| Candidate Name Webb, Bryant, , , | | Amount of Each Disbursement this Period 2500.00 Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: VA | District: 05 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Bluegrass Committee | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2020 |
| Mailing Address 1941 Bishop Lane #200 | | FEC Identification Number C00235655 Transaction ID : 45235323 |
| City Louisville | State KY | Zip Code 40218 |
| Purpose of Disbursement Federal PAC Contribution | | Category/Type 011 |
| Candidate Name | | Amount of Each Disbursement this Period 2500.00 Federal PAC Contribution |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: | District: | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | 32500.00 |