

**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="2018"/>		264505.25
(b) Cash on Hand at Beginning of Reporting Period.....	263964.05	
(c) Total Receipts (from Line 19)	19800.40	110359.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	283764.45	374864.45
7. Total Disbursements (from Line 31).....	81110.00	172210.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	202654.45	202654.45
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).....	12135.40	71546.20
(ii) Unitemized	5165.00	35313.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17300.40	106859.20
(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)	17300.40	106859.20
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.....	2500.00	3500.00
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)).....▶	19800.40	110359.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19800.40	110359.20

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.....	81000.00	172000.00
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	110.00	210.00
(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)).....	110.00	210.00
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)) ..	81110.00	172210.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81110.00	172210.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	17300.40	106859.20
34. Total Contribution Refunds (from Line 28(d))	110.00	210.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17190.40	106649.20
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 39
	<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	

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

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

A. Eliashiv, Dawn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 South Stanley Drive
 City Beverly Hills State CA Zip Code 90211-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UCLA Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2018
Transaction ID : 41946511
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Fernandez, Diana, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 E Camino La Zorrela
 City Tucson State AZ Zip Code 85718-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northwest Allied Physicians Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2018
Transaction ID : 41952027
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Yochelson, Michael, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 W Roxboro Rd NE
 City Atlanta State GA Zip Code 30324-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Shepherd Center Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2018
Transaction ID : 41952059
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	834.00
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 39
<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. 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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2018

Transaction ID : 41952061

Amount of Each Receipt this Period
84.00

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2018

Transaction ID : 41952063

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 19 Coe Farm Road

City Montebello	State NY	Zip Code 10901-2908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Charity Health System	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 41956855

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	368.00
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 39
<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. Perkins, Erik, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 41956856

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 5949 Bradbury Court

City Inver Grove Heights	State MN	Zip Code 55076-1597
-----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Minneapolis Clinic of Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 41956857

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : 41969180

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	559.00
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 39
	<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. Jones, Lyell, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2055 Scenic View Lane SW

City Rochester	State MN	Zip Code 55902-2575
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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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2018

Transaction ID : 41989661

Amount of Each Receipt this Period
84.00

Memo Item

B. Tanner, Caroline, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3011 Acton St

City Berkeley	State CA	Zip Code 94702-2706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PADRECC, San Francisco VAMC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2018

Transaction ID : 41989665

Amount of Each Receipt this Period
100.00

Memo Item

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

Name of Employer (for Individual) Geisinger Specialty Clinic	Occupation (for Individual) Behavioral Neurology
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2018

Transaction ID : 41997698

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.34
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 39
	<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. Johnson, Nicholas, Elwood, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2207 E Camino Way

City Salt Lake City	State UT	Zip Code 84121-4908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Utah	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2018

Transaction ID : 41997699

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 94 Shenandoah Court

City Portsmouth	State OH	Zip Code 45662-8660
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2018

Transaction ID : 42032603

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2890 Burlington St

City Ann Arbor	State MI	Zip Code 48105-1435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2018

Transaction ID : 42032605

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 11 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cascino, Terrence, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2931 Stone Park Dr NE

City Rochester	State MN	Zip Code 55906-7722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2018

Transaction ID : 42032939

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 11 Doud Dr

City Los Altos	State CA	Zip Code 94022-2323
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VA Palo Alto HCS	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2018

Transaction ID : 42032940

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 20 Robin Lake Drive

City Cherry Hill	State NJ	Zip Code 08003-2851
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Center for Neurological and Neurod	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2018

Transaction ID : 42032953

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
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 39
<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. Fernandez, Diana, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 E Camino La Zorrela
 City Tucson State AZ Zip Code 85718-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Allied Physicians Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2018
Transaction ID : 42043765
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Stevens, James, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Aboite Center Rd
 City 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 ▼ 754.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 42044558
 Amount of Each Receipt this Period 209.00
 Memo Item

C. Song, Sarah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2045 W. Concord Place, #405
 City Chicago State IL Zip Code 60647-5481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 42044559
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	793.00
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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Koenig, Matthew, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 Koko Head Ave
 City Honolulu State HI Zip Code 96816-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Queen's Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 42044563
 Amount of Each Receipt this Period 125.00
 Memo Item

B. McMurtray, Aaron, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29431 Ivy Glenn Drive
 City Laguna Niguel State CA Zip Code 92677-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbor UCLA Medical Center Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 42046954
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Khan, Jaffar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 292 Riverford Way
 City Lawrenceville State GA Zip Code 30043-6416
 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 ▼ 252.00

Date of Receipt 03 / 23 / 2018
Transaction ID : 42047012
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1209.00
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 39
	<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. Busis, Neil, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6934 Rosewood St

City Pittsburgh	State PA	Zip Code 15208-2639
--------------------	-------------	------------------------

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 ▼
834.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : 42047014

Amount of Each Receipt this Period
278.00

Memo Item

B. Maher, Cornelius, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6206 White Oak Dr

City Frederick	State MD	Zip Code 21701-6743
-------------------	-------------	------------------------

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

Name of Employer (for Individual) US Army	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : 42047017

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4732 Lost Creek Lane

City Bellingham	State WA	Zip Code 98229-2574
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Swedish Neuroscience Institute	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : 42047020

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	628.00
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 39
	<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. Jones, Elaine, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 West National Blvd

City Ladys Island	State SC	Zip Code 29907-1768
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Specialists On Call	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : 42047023

Amount of Each Receipt this Period
416.66

Memo Item

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

Mailing Address 4903 Valerie

City Bellaire	State TX	Zip Code 77401-5707
------------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : 42047024

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2323 Dunstan Rd

City Houston	State TX	Zip Code 77005-2613
-----------------	-------------	------------------------

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

Name of Employer (for Individual) William S Gilmer MD PA	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2018

Transaction ID : 42048911

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.66
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 39
	<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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American Academy of Neurology BrainPAC

A. 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 ▼
1250.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2018

Transaction ID : 42048913

Amount of Each Receipt this Period
416.74

Memo Item

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

Mailing Address 1289 Manzanita Way

City San Luis Obispo	State CA	Zip Code 93401-7838
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Coast Neuro Medical Office, In	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2018

Transaction ID : 42048921

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest University	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2018

Transaction ID : 42048937

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.74
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 39
	<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. Qazi, Faisal, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton	State CA	Zip Code 92833-2221
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The Neurology Group	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2018

Transaction ID : 42048944

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 4588 Cascades Drive

City Manlius	State NY	Zip Code 13104-2369
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SUNY - Upstate Medical University	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2018

Transaction ID : 42048945

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

Name of Employer (for Individual) Www.Neuro-Speed.com	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
524.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : 42049174

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
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 39
	<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. Anderson, Eric, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
------------------	-------------	------------------------

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

Name of Employer (for Individual) Intensive Neuro	Occupation (for Individual) Neurologist
--	--

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
03		26		2018

Transaction ID : 42049179

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 3501 Civic Center Blvd
Division of Neurology

City Philadelphia	State PA	Zip Code 19104-3820
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Childrens Hospital of Philadelphia	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2018

Transaction ID : 42049194

Amount of Each Receipt this Period
84.00

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2018

Transaction ID : 42049359

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	543.00
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 39
	<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. Brandes, David, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Autumn Woods Drive
 City Sweetwater State TN Zip Code 37874-6482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hope Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2018
Transaction ID : 42057307
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Wiesman, Janice, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E 38th Street Apt 14D
 City New York State NY Zip Code 10016-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2018
Transaction ID : 42057308
 Amount of Each Receipt this Period
 225.00
 Memo Item

C. Kissela, Brett, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9878 Zig Zag Road
 City Montgomery State OH Zip Code 45242-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2018
Transaction ID : 42057309
 Amount of Each Receipt this Period
 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	519.00
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 20 OF 39
<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. Jones, David, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 Clacton Circle

City Earlysville	State VA	Zip Code 22936-1946
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Virginia	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

Transaction ID : 42057310

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 90 Gorham St

City Canandaigua	State NY	Zip Code 14424-1805
---------------------	-------------	------------------------

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

Name of Employer (for Individual) URMC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 42060804

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 136 Covey Chase

City Tuscaloosa	State AL	Zip Code 35406-1801
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 42060805

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 21 OF 39
<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. Riaz, Awais, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1381 E. Hickory Lane

City Murray	State UT	Zip Code 84121-2502
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Utah	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 42060806

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087-3808
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 42060808

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 806 Timber Hill Road

City Highland Park	State IL	Zip Code 60035-5121
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lehigh Valley Health Network	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 42060809

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	684.00
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 22 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4785 Kitty Hawk Drive

City Atlanta	State GA	Zip Code 30342-2506
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Henry Hospital	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2018

Transaction ID : 42060810

Amount of Each Receipt this Period
416.66

Memo Item

B. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2018

Transaction ID : 42060814

Amount of Each Receipt this Period
100.00

Memo Item

C. Puzio, Kevin, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5540 Central Ave

City Indianapolis	State IN	Zip Code 46220-3075
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2018

Transaction ID : 42061581

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	766.66
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 23 OF 39
	<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. Brin, Mitchell, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 San Antonio

City Newport Beach	State CA	Zip Code 92660-9115
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Allergan, Inc. / UC Irvine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2018

Transaction ID : 42061809

Amount of Each Receipt this Period
500.00

Memo Item

B. Vincent, Stephen, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 Whisper Cove

City Idaho Falls	State ID	Zip Code 83404-7407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Eastern Idaho Neurological Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : 42063747

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 351 N Buffalo Drive
Suite B

City Las Vegas	State NV	Zip Code 89145-0301
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2018

Transaction ID : 42138171

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 24 OF 39
	<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. Farrow, Simon, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1804 Piccolo Way

City Las Vegas	State NV	Zip Code 89146-3029
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

Transaction ID : 42138172

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gee, Allen, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 Sunset Blvd S

City Cody	State WY	Zip Code 82414-4103
--------------	-------------	------------------------

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

Name of Employer (for Individual) Frontier Neurosciences	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2018

Transaction ID : 42143798

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00

C. Borresen, Thor, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6011 Woodleigh Oaks DR

City Charlotte	State NC	Zip Code 28226-8526
-------------------	-------------	------------------------

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 ▼
- 10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 42143800

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	12135.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hatch Election Committee Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3986

City Washington	State DC	Zip Code 20027
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FEC ID number of contributing federal political committee. **C** C00104752

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	05	/	2018

Transaction ID : 42062802

Amount of Each Receipt this Period
2500.00

Memo Item

Refund of receipt on 3/6/2017 for \$2500

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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. Morgan Griffith For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 361		FEC Identification Number C C00477240 Transaction ID : 41969368
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 5000.00 Campaign Contribution
Candidate Name Griffith, Morgan, H., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 09	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Walden For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 1091		FEC Identification Number C C00333427 Transaction ID : 41969396
City Hood River	State OR	Zip Code 97031
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 3500.00 Campaign Contribution
Candidate Name Walden, Greg, P., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 02	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Bera For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 582496		FEC Identification Number C C00461061 Transaction ID : 41969400
City Elk Grove	State CA	Zip Code 95758
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 3500.00 Campaign Contribution
Candidate Name Bera, Ami, , Rep., MD		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 07	Category/Type 011	

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

12000.00

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. Kevin McCarthy For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 12667		FEC Identification Number C00420935 Transaction ID : 41969402
City Bakersfield	State CA	Zip Code 93389
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name McCarthy, Kevin, , Rep.,		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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 23	

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 700 13th Street Nw Suite 600		FEC Identification Number C00140715 Transaction ID : 41969406
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Hoyer, Steny, H., Rep.,		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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 05	

Full Name (Last, First, Middle Initial) C. Collins For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 386		FEC Identification Number C00520379 Transaction ID : 41969416
City Clarence	State NY	Zip Code 14031
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Collins, Christopher, , Rep.,		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: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 27	

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
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. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 901 Se Oak Street Suite 105		FEC Identification Number C00307314 Transaction ID : 41969418
City Portland	State OR	Zip Code 97214
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Blumenauer, Earl, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 03	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Tony Cardenas For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 410 1st St, Se Suite 310		FEC Identification Number C00498873 Transaction ID : 41969420
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Candidate Name Cardenas, Tony, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 29	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Guthrie For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 9639		FEC Identification Number C00445023 Transaction ID : 41969422
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Guthrie, Brett, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 02	Category/Type 011	

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

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

7000.00

**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. Wenstrup For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 9551		FEC Identification Number C C00497818 Transaction ID : 41969425
City Cincinnati	State OH	Zip Code 45209
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Wenstrup, Brad, , 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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 02	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Julia Brownley For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address PO Box 2018		FEC Identification Number C C00513077 Transaction ID : 41969434
City Thousand Oaks	State CA	Zip Code 91358
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Brownley, Julia, , 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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 26	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Paul Tonko For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 911 Central Avenue # 221		FEC Identification Number C C00450049 Transaction ID : 41969435
City Albany	State NY	Zip Code 12206
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Tonko, Paul, David, 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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 20	
<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. Richard E Neal For Congress Committee		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address 76 Magnolia Terrace		FEC Identification Number C C00226522 Transaction ID : 41969436 Amount of Each Disbursement this Period 1000.00 Campaign Contribution <input type="checkbox"/> Memo Item	
City Springfield	State MA	Zip Code 01108	Category/ Type 011
Purpose of Disbursement Campaign Contribution		Candidate Name Neal, Richard, E., Rep.,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA District: 01			
Full Name (Last, First, Middle Initial) B. Delbene For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address PO Box 487		FEC Identification Number C C00459099 Transaction ID : 41969438 Amount of Each Disbursement this Period 1000.00 Campaign Contribution <input type="checkbox"/> Memo Item	
City Bothell	State WA	Zip Code 98041	Category/ Type 011
Purpose of Disbursement Campaign Contribution		Candidate Name DelBene, Suzan, , Rep.,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA District: 01			
Full Name (Last, First, Middle Initial) C. Scott Peters For Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address PO Box 22074		FEC Identification Number C C00503110 Transaction ID : 41969439 Amount of Each Disbursement this Period 1000.00 Campaign Contribution <input type="checkbox"/> Memo Item	
City San Diego	State CA	Zip Code 92192	Category/ Type 011
Purpose of Disbursement Campaign Contribution		Candidate Name Peters, Scott, Harvey, Rep.,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 52			
SUBTOTAL of Disbursements This Page (optional)..... ▶		3000.00	
TOTAL This Period (last page this line number only)..... ▶		[Empty Box]	

**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. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Cuellar, Henry, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 28

Date of Disbursement

M M / D D / Y Y Y Y
03 / 09 / 2018

FEC Identification Number

C C00371302

Transaction ID : 41969440

Amount of Each Disbursement this Period

1000.00

Memo Item Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Schrader, Kurt, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
03 / 09 / 2018

FEC Identification Number

C C00446906

Transaction ID : 41969442

Amount of Each Disbursement this Period

1000.00

Memo Item Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address Pobox 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Baldwin, Tammy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WI District: 02

Date of Disbursement

M M / D D / Y Y Y Y
03 / 09 / 2018

FEC Identification Number

C C00326801

Transaction ID : 41969443

Amount of Each Disbursement this Period

1000.00

Memo Item Campaign Contribution

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. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement Campaign Contribution Funds Reported On <Enter Report Name Here>

011
Category/
Type

Candidate Name
Guthrie, Brett, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C C00445023

Transaction ID : 41998769

Amount of Each Disbursement this Period

2500.00

Memo Item Campaign Contribution Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement Campaign Contribution Re-designated funds for trans. dated 3/9/2018

011
Category/
Type

Candidate Name
Guthrie, Brett, , Rep.,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify)

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number

C C00445023

Transaction ID : 41998770

Amount of Each Disbursement this Period

2500.00

Memo Item Campaign Contribution Re-designated funds for trans. dated 3/9/2018

Full Name (Last, First, Middle Initial)

C. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name
Simpson, Mike, K., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C C00331397

Transaction ID : 42032698

Amount of Each Disbursement this Period

1000.00

Memo Item Campaign Contribution

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

1000.00

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. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Campaign Contribution

011
Category/Type

Candidate Name
Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2017
 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C C00226928

Transaction ID : 42032699

Amount of Each Disbursement this Period

5000.00

Memo Item Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Campaign Contribution

011
Category/Type

Candidate Name
Thompson, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2017
 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C C00326363

Transaction ID : 42032700

Amount of Each Disbursement this Period

5000.00

Memo Item Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Marsha For Senate

Mailing Address 4916 Thoroughbred Ln

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Campaign Contribution

011
Category/Type

Candidate Name
Blackburn, Marsha, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C C00376939

Transaction ID : 42032704

Amount of Each Disbursement this Period

1000.00

Memo Item Campaign Contribution

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

11000.00

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. Andy Harris For Congress

Mailing Address PO Box 426

City: Stevensville State: MD Zip Code: 21666

Purpose of Disbursement: Campaign Contribution

011
Category/Type

Candidate Name: **Harris, Andy, , Rep.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)
 State: MD District: 01

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C00435974
Transaction ID : 42032706
 Amount of Each Disbursement this Period: 2000.00
 Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Dr

City: Columbus State: OH Zip Code: 43220

Purpose of Disbursement: Campaign Contribution

011
Category/Type

Candidate Name: **Stivers, Steve, , Rep.,**

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify)
 State: OH District: 15

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C00441352
Transaction ID : 42032707
 Amount of Each Disbursement this Period: 5000.00
 Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City: La Crosse State: WI Zip Code: 54601

Purpose of Disbursement: Campaign Contribution

011
Category/Type

Candidate Name: **Kind, Ron, , Rep.,**

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify)
 State: WI District: 03

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C00312017
Transaction ID : 42032708
 Amount of Each Disbursement this Period: 5000.00
 Campaign Contribution

Memo Item

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

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

12000.00

**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. Matsui For Congress			Date of Disbursement MM / DD / YYYY 03 / 16 / 2018		
Mailing Address PO Box 1738			FEC Identification Number C000409219 Transaction ID : 42032709		
City Sacramento	State CA	Zip Code 95812	Amount of Each Disbursement this Period 2500.00 Campaign Contribution		
Purpose of Disbursement Campaign Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Matsui, Doris, , Rep.,		Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 06				

Full Name (Last, First, Middle Initial) B. Jason Smith For Congress			Date of Disbursement MM / DD / YYYY 03 / 16 / 2018		
Mailing Address PO Box 1324			FEC Identification Number C000541862 Transaction ID : 42032711		
City Cape Girardeau	State MO	Zip Code 63702	Amount of Each Disbursement this Period 1000.00 Campaign Contribution		
Purpose of Disbursement Campaign Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Smith, Jason, T., Rep.,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 08				

Full Name (Last, First, Middle Initial) C. Friends Of Chris Murphy			Date of Disbursement MM / DD / YYYY 03 / 16 / 2018		
Mailing Address PO Box 127			FEC Identification Number C000492645 Transaction ID : 42032712		
City Cheshire	State CT	Zip Code 06410	Amount of Each Disbursement this Period 1000.00 Campaign Contribution		
Purpose of Disbursement Campaign Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Murphy, Chris, Scott, Sen.,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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. Schakowsky For Congress		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018
Mailing Address P.O. Box 5130		FEC Identification Number C00327023 Transaction ID : 42032714
City Evanston	State IL	Zip Code 60204
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Candidate Name Schakowsky, Jan, D., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 09	

Full Name (Last, First, Middle Initial) B. Friends Of John Thune		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address PO Box 841		FEC Identification Number C00409581 Transaction ID : 42048267
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Thune, John, R., Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD	District:	

Full Name (Last, First, Middle Initial) C. Debbie Dingell For Congress		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address 19855 W. Outer Dr. Ste 103 Ae		FEC Identification Number C00558213 Transaction ID : 42048288
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Dingell, Debbie, Insley, Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 12	

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

5500.00

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. Tammy Baldwin For Senate		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address Pobox 696		FEC Identification Number C00326801 Transaction ID : 42048289
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Campaign Contribution		Category/ Type 011
Candidate Name Baldwin, Tammy, , Sen.,		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Pascrell For Congress		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address Pob 100		FEC Identification Number C00313510 Transaction ID : 42048290
City Teaneck	State NJ	Zip Code 07666
Purpose of Disbursement Campaign Contribution		Category/ Type 011
Candidate Name Pascrell, William, J., Rep., Jr.		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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NJ	District: 09	

Full Name (Last, First, Middle Initial) C. Kansans For Marshall		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address PO Box 1588		FEC Identification Number C00576173 Transaction ID : 42048292
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement Campaign Contribution		Category/ Type 011
Candidate Name Marshall, Roger, , 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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS	District: 01	

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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. VAN DREW FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address PO BOX 671 CAPE MAY COURT HOUSE		FEC Identification Number C00661868 Transaction ID : 42049348
City CAPE MAY COURT HOUSE	State NJ	Zip Code 08210
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Drew, Jeff, Van, Dr.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 02	

Full Name (Last, First, Middle Initial) B. Joe Kennedy For Congress		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address PO Box 590464		FEC Identification Number C00512970 Transaction ID : 42059900
City Newton	State MA	Zip Code 02459
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Kennedy, Joseph, P., Rep., III		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 04	

Full Name (Last, First, Middle Initial) C. Emmer For Congress		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address PO Box 998		FEC Identification Number C00545749 Transaction ID : 42059901
City Anoka	State MN	Zip Code 55303
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Emmer, Tom, Earl, Rep., Jr.		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 06	

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

4500.00

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. Mooney For Congress 2016		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address PO Box 1863		FEC Identification Number C 000506774 Transaction ID : 42059902	
City Martinsburg	State WV	Zip Code 25402	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Mooney, Alex, , Rep.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WV	District: 02		

Full Name (Last, First, Middle Initial) B. Steve Ferrara For Congress		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018	
Mailing Address PO Box 97130		FEC Identification Number C 000640268 Transaction ID : 42062774	
City Phoenix	State AZ	Zip Code 85060	Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Ferrara, Steve, , MD		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ	District: 09		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	81000.00