

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Academy of Neurology BrainPAC

ADDRESS (number and street) 201 Chicago Avenue

Check if different than previously reported. (ACC)

Minneapolis MN 55415

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00435933

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2022 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2022

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

Signature of Treasurer Myren, Kevin C., , Mr., [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		417087.94
(b) Cash on Hand at Beginning of Reporting Period.....	399960.26	
(c) Total Receipts (from Line 19) .....	11121.66	67593.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	411081.92	484681.92
7. Total Disbursements (from Line 31).....	46000.00	119600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	365081.92	365081.92
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2022

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).....	8038.66	44223.98
(ii) Unitemized .....	3083.00	23370.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11121.66	67593.98
(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) .....	11121.66	67593.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11121.66	67593.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11121.66	67593.98

**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.....	46000.00	119500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
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)) ..	46000.00	119600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46000.00	119600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11121.66	67593.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11121.66	67493.98
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 29
<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. Greeley, David, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 E 27th Avenue

City Spokane	State WA	Zip Code 99203-3348
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwest Neurological, PLLC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2022

**Transaction ID : 47244627**

Amount of Each Receipt this Period  
84.00

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 ▼  
627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2022

**Transaction ID : 47244629**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. 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  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2022

**Transaction ID : 47296869**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	418.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<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. 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
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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 / 2022  
**Transaction ID : 47296872**

Amount of Each Receipt this Period  
 84.00

Memo Item

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

Mailing Address 1834 Chateaugay Way

City Blacklick	State OH	Zip Code 43004-8001
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2022  
**Transaction ID : 47347281**

Amount of Each Receipt this Period  
 84.00

Memo Item

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

Mailing Address 11 Doud Dr

City 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 / 04 / 2022  
**Transaction ID : 47347282**

Amount of Each Receipt this Period  
 84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<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. Kissela, Brett, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Drive

City Montgomery	State OH	Zip Code 45242-6311
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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		09		2022

**Transaction ID : 47352529**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Ritzl, Eva, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8320 Governor Grayson Way

City Ellicott City	State MD	Zip Code 21043-3450
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Johns Hopkins University	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2022

**Transaction ID : 47352838**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 331 Wimbledon Hills Dr SW

City Rochester	State MN	Zip Code 55902-4134
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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		13		2022

**Transaction ID : 47360377**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1293.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
<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. Davis, Anthony, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Pine Forest Drive

City Russellville	State AR	Zip Code 72801-4514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Davis Neurology PLLC	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	/	2022

**Transaction ID : 47360380**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Evans, David, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6722 Deloache Ave

City Dallas	State TX	Zip Code 75225-2509
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Neurology	Occupation (for Individual) COO
--	------------------------------------

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	/	14	/	2022

**Transaction ID : 47360396**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 140 Pitman Street  
Apt 105

City Providence	State RI	Zip Code 02906-5120
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rhode Island Hospital	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	/	15	/	2022

**Transaction ID : 47370283**

Amount of Each Receipt this Period  
84.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<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. 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
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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 ▼  
627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2022

**Transaction ID : 47370284**

Amount of Each Receipt this Period  
209.00

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 ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2022

**Transaction ID : 47377512**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 5988 Capeview Pl

City Mason	State OH	Zip Code 45040-7505
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2022

**Transaction ID : 47377513**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
<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, 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	/	19	/	2022

**Transaction ID : 47382980**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. 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
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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 ▼  
627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2022

**Transaction ID : 47383004**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 19451 Ambassador Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2022

**Transaction ID : 47383022**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	377.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 679 Goose Neck Dr

City Lititz	State PA	Zip Code 17543-8368
----------------	-------------	------------------------

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

Name of Employer (for Individual) Penn Medicine LGH	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	/	21	/	2022

**Transaction ID : 47383023**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1185 Pine Ridge Rd NE

City Atlanta	State GA	Zip Code 30324-2526
-----------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2022

**Transaction ID : 47384460**

Amount of Each Receipt this Period  
84.00

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
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2022

**Transaction ID : 47384639**

Amount of Each Receipt this Period  
405.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	589.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
<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. 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	/	24	/	2022

**Transaction ID : 47384640**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 82 Redcoat Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2022

**Transaction ID : 47388174**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 2295 New Town Dr NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2022

**Transaction ID : 47388175**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	369.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
<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. Busis, Neil, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1065 2nd Ave, 7J

City New York	State NY	Zip Code 10022-2887
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Langone Health	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	/	25	/	2022

**Transaction ID : 47388176**

Amount of Each Receipt this Period  
416.66

Memo Item

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

Mailing Address 34 Stonybrook Road

City Tenafly	State NJ	Zip Code 07670-1118
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Institute of Neurological Care	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2022

**Transaction ID : 47388178**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Brandt, Derek, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 East West Hwy  
Apt 114

City Silver Spring	State MD	Zip Code 20910-6288
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) Director, Congressional Affairs
--	--

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	/	25	/	2022

**Transaction ID : 47389569**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<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. Prusinski, Christopher, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Lansing Island

City Indian Harbour Beach	State FL	Zip Code 32937-5354
------------------------------	-------------	------------------------

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

Name of Employer (for Individual) Christopher J Prusinski,DO,PA	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2022

**Transaction ID : 47389588**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 1200 Binz St Ste 1270

City Houston	State TX	Zip Code 77004-6937
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Willam S Gilmer MD PA	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		27		2022

**Transaction ID : 47389663**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 2305 W Waveland Ave Apt 1W

City Chicago	State IL	Zip Code 60618-4803
-----------------	-------------	------------------------

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 ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2022

**Transaction ID : 47389862**

Amount of Each Receipt this Period  
110.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<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 11535 GREY OAKS ESTATES RUN

City Glen Allen	State VA	Zip Code 23059-5924
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2022

**Transaction ID : 47389863**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Loftus, Brian, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6700 West Loop S Ste 330

City Bellaire	State TX	Zip Code 77401-4138
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bellaire Neurology, PA	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2022

**Transaction ID : 47389868**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3 Pierce Hill Road

City 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		2022

**Transaction ID : 47389869**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<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 7312 Biltmore Drive

City Sarasota	State FL	Zip Code 34231-7907
------------------	-------------	------------------------

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

Name of Employer (for Individual) Specialists On Call	Occupation (for Individual) 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	/	01	/	2022

**Transaction ID : 47452893**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1951 Pine Grove Road

City Greensboro	State GA	Zip Code 30642-3908
--------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2022

**Transaction ID : 47452897**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 24 Douglas Rd

City Needham	State MA	Zip Code 02492-4504
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Newton-Wellesley Neurological Associat	Occupation (for Individual) 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	/	27	/	2022

**Transaction ID : 47452902**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
McKinnon, Jonathan, Hart, Dr.,

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2022

**Transaction ID : 47473475**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8038.66

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Vern Buchanan For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  011 Category/Type

Candidate Name **Buchanan, Vern, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: FL District: 16

Date of Disbursement: 03 / 28 / 2022

FEC Identification Number: **C** C00412759  
**Transaction ID : 47390101**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Bucshon For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  011 Category/Type

Candidate Name **Bucshon, Larry, , Rep., MD**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: IN District: 08

Date of Disbursement: 03 / 28 / 2022

FEC Identification Number: **C** C00468256  
**Transaction ID : 47390104**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. HeartDoc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 220 W Windsor Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Political Contribution  011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 03 / 28 / 2022

FEC Identification Number: **C**  
**Transaction ID : 47390106**  
Amount of Each Disbursement this Period: 1000.00  
Political Contribution

Memo Item

**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) <b>A. Emmer For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address PO Box 998		FEC Identification Number C00545749 <b>Transaction ID : 47390109</b>
City Anoka	State MN	Zip Code 55303
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>Emmer, Tom, Earl, Rep., Jr.</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Morgan Griffith For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address PO Box 361		FEC Identification Number C00477240 <b>Transaction ID : 47390111</b>
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>Griffith, Morgan, H., Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 09	

Full Name (Last, First, Middle Initial) <b>C. Hudson For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2022
Mailing Address PO Box 5053		FEC Identification Number C00504522 <b>Transaction ID : 47390113</b>
City Concord	State NC	Zip Code 28027
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>Hudson, Richard, L., Rep., Jr.</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 08	

**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. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City  
Palm Desert

State  
CA

Zip Code  
92261

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Ruiz, Raul, , Rep., MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C C00502575

**Transaction ID : 47391863**

Amount of Each Disbursement this Period

5000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delbene For Congress**

Mailing Address PO Box 477

City  
Kirkland

State  
WA

Zip Code  
98083

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C C00459099

**Transaction ID : 47391865**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City  
Springfield

State  
MA

Zip Code  
01108

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Neal, Richard, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C C00226522

**Transaction ID : 47391867**

Amount of Each Disbursement this Period

2500.00

Political Contribution

Memo Item

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

8500.00

**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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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

A. Josh Gottheimer For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement Political Contribution

011
Category/Type

Candidate Name
Gottheimer, Joshua, S., Rep.,

Office Sought: [x] House Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
State: NJ District: 05

Date of Disbursement
03 / 30 / 2022

FEC Identification Number
C00573949
Transaction ID : 47391871
Amount of Each Disbursement this Period
1000.00

Political Contribution
Memo Item

B. Grassley Committee Inc

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement Political Contribution

011
Category/Type

Candidate Name
Grassley, Charles, E., Sen.,

Office Sought: [ ] House Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
State: IA District:

Date of Disbursement
03 / 30 / 2022

FEC Identification Number
C00230482
Transaction ID : 47391874
Amount of Each Disbursement this Period
1000.00

Political Contribution
Memo Item

C. Brian Fitzpatrick For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement Political Contribution

011
Category/Type

Candidate Name
Fitzpatrick, Brian, , Rep.,

Office Sought: [x] House Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
State: PA District: 01

Date of Disbursement
03 / 30 / 2022

FEC Identification Number
C00607416
Transaction ID : 47391877
Amount of Each Disbursement this Period
1000.00

Political Contribution
Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Susan Wild For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address 1636 N Cedar Crest Blvd #183		FEC Identification Number C00658567 <b>Transaction ID : 47391881</b>
City Allentown	State PA	Zip Code 18104
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name <b>Wild, Susan, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Salud Carbajal For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address PO Box 1290		FEC Identification Number C00576041 <b>Transaction ID : 47391886</b>
City Santa Barbara	State CA	Zip Code 93102
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name <b>Carbajal, Salud, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 24	

Full Name (Last, First, Middle Initial) <b>C. Drew Ferguson For Congress Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address PO Box 387		FEC Identification Number C00607838 <b>Transaction ID : 47391891</b>
City West Point	State GA	Zip Code 31833
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name <b>Ferguson, A. Drew, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: GA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 Political Contribution

011

Category/Type

Candidate Name

**Pallone, Frank, , Rep., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C00226928

**Transaction ID : 47391896**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stand With Sanchez**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement Political Contribution

011

Category/Type

Candidate Name

**Sanchez, Linda, Teresa, Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C00384057

**Transaction ID : 47391903**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement Political Contribution

011

Category/Type

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C00390476

**Transaction ID : 47391917**

Amount of Each Disbursement this Period

1500.00

Political Contribution

Memo Item

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

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

3500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Hoyer For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Political Contribution

Candidate Name Hoyer, Steny, H., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MD District: 05

Date of Disbursement 03 / 30 / 2022

FEC Identification Number C00140715  
**Transaction ID : 47391931**  
Amount of Each Disbursement this Period 2500.00  
Political Contribution  
 Memo Item

**B. Matsui For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement Political Contribution

Candidate Name Matsui, Doris, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 06

Date of Disbursement 03 / 30 / 2022

FEC Identification Number C00409219  
**Transaction ID : 47391936**  
Amount of Each Disbursement this Period 1000.00  
Political Contribution  
 Memo Item

**C. People For Patty Murray**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement Political Contribution

Candidate Name Murray, Patty, , Sen.,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement 03 / 30 / 2022

FEC Identification Number C00257642  
**Transaction ID : 47391938**  
Amount of Each Disbursement this Period 1000.00  
Political Contribution  
 Memo Item

**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. Lisa Blunt Rochester For Congress

Mailing Address 499 S. Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**Blunt Rochester, Lisa, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  
 Other (specify) ▼  
State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

**C** C00590778

**Transaction ID : 47391939**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### B. Tom O'Halleran For Congress

Mailing Address 6129 Long Meadow Road

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**O'Halleran, Tom, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  
 Other (specify)  
State: AZ District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

**C** C00582890

**Transaction ID : 47391941**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd  
Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**Joyce, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  
 Other (specify) ▼  
State: PA District: 13

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

**C** C00674259

**Transaction ID : 47391943**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement Political Contribution

011  
Category/Type

Candidate Name  
**Kildee, Dan, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C C00499947

**Transaction ID : 47391945**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Elizabeth Pannill Fletcher For Congress**

Mailing Address 3262 Westheimer Rd #636

City Houston State TX Zip Code 77098

Purpose of Disbursement Political Contribution

011  
Category/Type

Candidate Name  
**Fletcher, Elizabeth, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: TX District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C C00640045

**Transaction ID : 47391947**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Political Contribution

011  
Category/Type

Candidate Name  
**Eshoo, Anna, G., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CA District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2022

FEC Identification Number

C C00258475

**Transaction ID : 47391948**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. John Carter For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address 200 Univ. Oaks Blvd, Ste 225 #130		FEC Identification Number C C00371203 <b>Transaction ID : 47391952</b>
City Round Rock	State TX	Zip Code 78665
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name <b>Carter, John, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 31	

Full Name (Last, First, Middle Initial) <b>B. Kuster For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address 412 First Street SE Suite 100		FEC Identification Number C C00462861 <b>Transaction ID : 47391955</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name <b>Kuster, Ann, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NH	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Kurt Schrader For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022
Mailing Address PO Box 3314		FEC Identification Number C C00446906 <b>Transaction ID : 47391956</b>
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name <b>Schrader, Kurt, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 05	

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Rosa DeLauro</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 129 Church St, Ste 818		FEC Identification Number C00238865 <b>Transaction ID : 47391957</b>	
City New Haven	State CT	Zip Code 06510	Amount of Each Disbursement this Period 1000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name <b>DeLauro, Rosa, L., Rep.,</b>		Disbursement For: 2022	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention2022</b>		
State: CT	District: 03		

Full Name (Last, First, Middle Initial) <b>B. Dr Kim Schrier For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 3020 Issaquah Pine Lake Rd Se Box 331		FEC Identification Number C00652628 <b>Transaction ID : 47391987</b>	
City Sammamish	State WA	Zip Code 98075	Amount of Each Disbursement this Period 1000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name <b>Schrier, Kim, , Rep.,</b>		Disbursement For: 2022	
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: WA	District: 08		

Full Name (Last, First, Middle Initial) <b>C. Moran For Kansas</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address PO Box 1151		FEC Identification Number C00458315 <b>Transaction ID : 47391988</b>	
City Hays	State KS	Zip Code 67601	Amount of Each Disbursement this Period 1000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name <b>Moran, Jerry, , Sen.,</b>		Disbursement For: 2022	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS	District:		

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

3000.00

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

46000.00