

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE

Check if different than previously reported. (ACC)

Washington DC 20002

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

C C00435933

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

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

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

General (30G) Runoff (30R) 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 02 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Engel, Timothy J., , Mr.,

Type or Print Name of Treasurer _____

Signature of Treasurer Engel, Timothy J., , Mr., [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2018

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="2018"/>		<input type="text" value="264505.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="213212.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61851.40"/>	<input type="text" value="90558.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="275064.05"/>	<input type="text" value="355064.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11100.00"/>	<input type="text" value="91100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="263964.05"/>	<input type="text" value="263964.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	46560.40	59410.80
(ii) Unitemized	15291.00	30148.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61851.40	89558.80
(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)	61851.40	89558.80
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	1000.00
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)).....▶	61851.40	90558.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61851.40	90558.80

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.....	11000.00	91000.00
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	100.00	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)).....	100.00	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)) ..	11100.00	91100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11100.00	91100.00

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)	61851.40	89558.80
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61751.40	89458.80
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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2018

Transaction ID : 41828896

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 589 Rutter Avenue

City Kingston	State PA	Zip Code 18704-4718
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lehigh Valley Pediatric Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2018

Transaction ID : 41828934

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 5900 Southwest Pkwy Ste 4-401

City Austin	State TX	Zip Code 78735-6206
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2018

Transaction ID : 41841601

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 29
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Bartel, Danny, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1722 9th St

City Wichita Falls	State TX	Zip Code 76301-5003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Texas Neurology Assn.	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
02	/	04	/	2018

Transaction ID : 41841618

Amount of Each Receipt this Period
1000.00

Memo Item

B. Shaibani, Aziz, I., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6624 Fannin St Ste 1670

City Houston	State TX	Zip Code 77030-2340
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2018

Transaction ID : 41841621

Amount of Each Receipt this Period
300.00

Memo Item

C. 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 ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2018

Transaction ID : 41854469

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1509.00
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 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. Kaufman, Joel, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Fenimore Rd

City Worcester	State MA	Zip Code 01609-1711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	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
02	/	05	/	2018

Transaction ID : 41864499

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 125A Medical Cir

City Winchester	State VA	Zip Code 22601-3322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Winchester Neurological Consultants, I	Occupation (for Individual) Physician
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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
02	/	09	/	2018

Transaction ID : 41866606

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2018

Transaction ID : 41868008

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 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. 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
 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 02 / 13 / 2018
Transaction ID : 41868705
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Finney, Glen, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 Homestead Dr
 City Dallas State PA Zip Code 18612-7227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Specialty Clinic Occupation (for Individual) Behavioral Neurology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 02 / 13 / 2018
Transaction ID : 41868727
 Amount of Each Receipt this Period 208.34
 Memo Item

C. Louden, M, Barry, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5503 1st Ave
 City Vienna State WV Zip Code 26105-1946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PNA Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2018
Transaction ID : 41914906
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1292.34
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 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. De Groot, John, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 Holcombe Blvd, Unit 431

City Houston	State TX	Zip Code 77030-4000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT - MD Anderson Cancer 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
02	/	19	/	2018

Transaction ID : 41930492

Amount of Each Receipt this Period
300.00

Memo Item

B. 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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

Transaction ID : 41931161

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 12112 Aboite Center Rd

City Fort Wayne	State IN	Zip Code 46814-9528
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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 ▼
545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

Transaction ID : 41931166

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.00
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 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. Majersik, Jennifer, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1746 Yalecrest Ave

City Salt Lake City	State UT	Zip Code 84108-1840
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2018

Transaction ID : 41932662

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 409 Camelot Drive

City Liberty	State MO	Zip Code 64068-1190
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Meritas Health	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
02	/	22	/	2018

Transaction ID : 41932910

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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
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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 ▼
556.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

Transaction ID : 41933482

Amount of Each Receipt this Period
278.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2278.00
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 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, 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 ▼
833.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

Transaction ID : 41933489

Amount of Each Receipt this Period
416.66

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

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

Transaction ID : 41935434

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 5536 11th RD N

City Arlington	State VA	Zip Code 22205-2447
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MedStar Health	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2018

Transaction ID : 41935546

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3266.66
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 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. 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 ▼
833.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2018

Transaction ID : 41935588

Amount of Each Receipt this Period
416.74

Memo Item

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

Mailing Address 1160 Stoney Run Road

City Hummelstown	State PA	Zip Code 17036-8536
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn State Hershey Medical Center	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2018

Transaction ID : 41937175

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 1550 Amundson Lane

City Stillwater	State MN	Zip Code 55082-4135
--------------------	-------------	------------------------

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

Name of Employer (for Individual) St Croix Regional Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2018

Transaction ID : 41937177

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4416.74
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 14 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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American Academy of Neurology BrainPAC

A. Thirumala, Parthasarathy, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4020 Park Place

City Glenshaw	State PA	Zip Code 15116-2574
------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Pittsburgh Medical Centre	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
02	/	25	/	2018

Transaction ID : 41937178

Amount of Each Receipt this Period
500.00

Memo Item

B. Vidic, Thomas, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69805 Hilltop Rd

City Union	State MI	Zip Code 49130-9771
---------------	-------------	------------------------

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

Name of Employer (for Individual) Elkhart Clinic	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
02	/	26	/	2018

Transaction ID : 41937247

Amount of Each Receipt this Period
1000.00

Memo Item

C. Trimble, Brian, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19430 Upper Skyline Dr.

City Eagle River	State AK	Zip Code 99577-7922
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Alaska Native Tribal Health Consortium	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
02	/	26	/	2018

Transaction ID : 41937250

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 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)
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A. Hughes, Bernadette, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10006 Seward Street
 City Omaha State NE Zip Code 68114-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omaha Neurological Clinic 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
 02 / 26 / 2018
Transaction ID : 41937251
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Garcia, Eduardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Middle Street
 City Lexington State MA Zip Code 02421-7723
 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
 02 / 26 / 2018
Transaction ID : 41937254
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Shapiro, Robert, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1256 Whalley Road
 City Charlotte State VT Zip Code 05445-9074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Vermont College of Medic 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
 02 / 26 / 2018
Transaction ID : 41937256
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 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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American Academy of Neurology BrainPAC

A. Tilton, Ann, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Pelham Dr

City Metairie	State LA	Zip Code 70005-4454
------------------	-------------	------------------------

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

Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2018

Transaction ID : 41937257

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 3112 N. Greystone Drive

City Morgantown	State WV	Zip Code 26508-8601
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2018

Transaction ID : 41937260

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 119 Lansing Island

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2018

Transaction ID : 41937262

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 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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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 ▼
209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

Transaction ID : 41937285

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 38 High Circle Dr. NE

City Iowa City	State IA	Zip Code 52240-7935
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Iowa - Dept of Pediatric	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
02	/	26	/	2018

Transaction ID : 41937321

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 7905 Ella Terrace Drive NE

City Rockford	State MI	Zip Code 49341-7014
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Hauenstein Neurosciences	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
02	/	26	/	2018

Transaction ID : 41937323

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1709.00
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 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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American Academy of Neurology BrainPAC

A. Goldenberg, James, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 N Lakeside Dr

City Lake Worth	State FL	Zip Code 33460-3121
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Specialists of the Palm Beaches	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

Transaction ID : 41937337

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 47 Redwood Circle

City Mashpee	State MA	Zip Code 02649-2041
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Neurologists of Cape Cod	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
02		26		2018

Transaction ID : 41937344

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3537 Knollwood Dr NW

City Atlanta	State GA	Zip Code 30305-1021
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Atlanta Neuroscience Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

Transaction ID : 41937378

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 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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American Academy of Neurology BrainPAC

A. Zerofsky, Ronald, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7218 Colony Dr

City Madison	State WI	Zip Code 53717-1412
-----------------	-------------	------------------------

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

Name of Employer (for Individual) UW Health Department of Neurology	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
02		26		2018

Transaction ID : 41937382

Amount of Each Receipt this Period
500.00

Memo Item

B. Kitchell, Michael, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4114 Edgewater Drive

City Ames	State IA	Zip Code 50010-4192
--------------	-------------	------------------------

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

Name of Employer (for Individual) The Mcfarland Clinic	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
02		26		2018

Transaction ID : 41937409

Amount of Each Receipt this Period
500.00

Memo Item

C. Nakamoto, Beau, Katsuki, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3244 Woodlawn Drive

City Honolulu	State HI	Zip Code 96822-1468
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

Transaction ID : 41937469

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 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. Dawson, Steven, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 Gornito Road

City Valdosta	State GA	Zip Code 31602-1604
------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Health	Occupation (for Individual) Neuro Hospitalist
---	--

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
02	/	26	/	2018

Transaction ID : 41937507

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1710 Buckhead Ct NE

City Atlanta	State GA	Zip Code 30324-6100
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dept. Of Neurology Emory University	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
02	/	26	/	2018

Transaction ID : 41937509

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3211 Humboldt Street

City West Lafayette	State IN	Zip Code 47906-7224
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana University Health	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
02	/	26	/	2018

Transaction ID : 41937524

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 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. St. Louis, Erik, Kent, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 Monterey Lane SW
 City Rochester State MN Zip Code 55902-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2018
Transaction ID : 41944446
 Amount of Each Receipt this Period 300.00
 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 ▼ 450.00

Date of Receipt 02 / 27 / 2018
Transaction ID : 41944675
 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 ▼ 418.00

Date of Receipt 02 / 27 / 2018
Transaction ID : 41944676
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	734.00
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 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. EI-Feky, Waleed, Hamed, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5626 Netherland Ct

City Dallas	State TX	Zip Code 75229-5567
----------------	-------------	------------------------

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

Name of Employer (for Individual) Texas Neurology, PA	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
02	/	27	/	2018

Transaction ID : 41944688

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5740 River Birch Drive

City Reno	State NV	Zip Code 89511-4358
--------------	-------------	------------------------

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
02	/	26	/	2018

Transaction ID : 41945168

Amount of Each Receipt this Period
1000.00

Memo Item

C. Wolfe, Gil, I., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 Lakefront Blvd.

City Buffalo	State NY	Zip Code 14202-4314
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Univ. At Buffalo, SUNY	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
02	/	26	/	2018

Transaction ID : 41945172

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 23 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. Thirumala, Parthasarathy, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4020 Park Place

City Glenshaw	State PA	Zip Code 15116-2574
------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Pittsburgh Medical Cente	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
02	/	26	/	2018

Transaction ID : 41945184

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1753 W. University Heights Dr. S.

City Flagstaff	State AZ	Zip Code 86005-9126
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Winslow Indian Health Care Center	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
02	/	26	/	2018

Transaction ID : 41945185

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 39

City Rochester	State MN	Zip Code 55903-0039
-------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

Transaction ID : 41945191

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 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. Sacco, Ralph, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1379 North Venetian Way

City Miami Beach	State FL	Zip Code 33139-1139
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Miller School of Medicine - Univ of Mi	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2018

Transaction ID : 41945192

Amount of Each Receipt this Period
2500.00

Memo Item

B. Talcott, Bradford, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5566 Clearfield Ln

City Ammon	State ID	Zip Code 83406-8377
---------------	-------------	------------------------

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

Name of Employer (for Individual) The Sleep Specialists	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
02	/	26	/	2018

Transaction ID : 41945193

Amount of Each Receipt this Period
1000.00

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2018

Transaction ID : 41946110

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3650.00
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 25 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. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

Transaction ID : 41946115

Amount of Each Receipt this Period
225.00

Memo Item

B. 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 ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

Transaction ID : 41946116

Amount of Each Receipt this Period
209.00

Memo Item

C. 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 ▼
833.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

Transaction ID : 41946117

Amount of Each Receipt this Period
416.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.66
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 26 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. 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 ▼ 400.00

Date of Receipt 02 / 27 / 2018
Transaction ID : 41951964
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Dexter, Donn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7410 Lakeview Dr
 City Eau Claire State WI Zip Code 54701-8329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2018
Transaction ID : 41989672
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lewis, Douglas, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 SW 9th Ave,
 City Amarillo State TX Zip Code 79106-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amarillo Diagnostic Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 07 / 2018
Transaction ID : 42035170
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totalling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	46560.40

**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. Jason Westin For Congress

Mailing Address PO Box 25365

City
Houston

State
TX

Zip Code
77265

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Westin, Jason, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00639286

Transaction ID : 41946359

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Burgess, Michael, C., Rep., M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00372532

Transaction ID : 41946360

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00394957

Transaction ID : 41946361

Amount of Each Disbursement this Period

1000.00

Campaign 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. Devin Nunes Campaign Committee		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address PO Box 6545		FEC Identification Number C00370056 Transaction ID : 41946362
City Visalia	State CA	Zip Code 93290
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Nunes, Devin, G., 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: 22	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Cathy McMorris Rodgers For Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address Box 137		FEC Identification Number C00390476 Transaction ID : 41946363
City Spokane	State WA	Zip Code 99210
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name McMorris Rodgers, Cathy, , 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: WA	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Collins For Senator		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address PO Box 1096		FEC Identification Number C00314575 Transaction ID : 41946364
City Bangor	State ME	Zip Code 04402
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Collins, Susan, M., Sen.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" 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: ME	District:	<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. Friends Of Neal Dunn

Mailing Address PO Box 16088

City Panama City State FL Zip Code 32406

Purpose of Disbursement Campaign Contribution

Category/Type

Candidate Name
Dunn, Neal, , Rep.,

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

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number
C C00582304
Transaction ID : 41946365
Amount of Each Disbursement this Period
1000.00
Campaign Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Campaign Contribution

Category/Type

Candidate Name
Bucshon, Larry, , Rep., MD

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 08

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number
C C00468256
Transaction ID : 41946366
Amount of Each Disbursement this Period
2500.00
Campaign Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

3500.00
11000.00