

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09/01/2015 through 09/30/2015

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

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 10/12/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/> | | 114069.08 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 102544.31 | |
| (c) Total Receipts (from Line 19) | 13542.67 | 229326.23 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 116086.98 | 343395.31 |
| 7. Total Disbursements (from Line 31)..... | 27100.00 | 254408.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 88986.98 | 88986.98 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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)..... | 10962.67 | 169205.04 |
| (ii) Unitemized | 2580.00 | 60121.19 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 13542.67 | 229326.23 |
| (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) | 13542.67 | 229326.23 |
| 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))..... ▶ | 13542.67 | 229326.23 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 13542.67 | 229326.23 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 27000.00 | 254000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 | 408.33 |
| (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 | 408.33 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(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)) .. | 27100.00 | 254408.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27100.00 | 254408.33 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) | 13542.67 | 229326.23 |
| 34. Total Contribution Refunds (from Line 28(d)) | 100.00 | 408.33 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13442.67 | 228917.90 |
| 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 31 |
| <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. Dr. Brett M. Kissela
Full Name (Last, First, Middle Initial)

Mailing Address 9878 Zig Zag Road

City Cincinnati State OH Zip Code 45242-6311

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

Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 01 / 2015**

Transaction ID : 38520969

Amount of Each Receipt this Period **250.00**

B. Dr. David L. Camenga
Full Name (Last, First, Middle Initial)

Mailing Address 6 Glenwood Ave

City Augusta State ME Zip Code 04330-6906

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

Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **09 / 01 / 2015**

Transaction ID : 38520970

Amount of Each Receipt this Period **125.00**

C. Dr. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

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 Children's Hospital and Med. Center of Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1712.50**

Date of Receipt **09 / 01 / 2015**

Transaction ID : 38520971

Amount of Each Receipt this Period **262.50**

SUBTOTAL of Receipts This Page (optional)..... **637.50**

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 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Dr. John David Hixson | | Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : 38521795 |
| Mailing Address 1224 3rd Ave | | Amount of Each Receipt this Period 500.00 |
| City San Francisco | State CA | Zip Code 94122-2705 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UCSF | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Dawn Eliashiv | | Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : 38521810 |
| Mailing Address 204 South Stanley Drive | | Amount of Each Receipt this Period 125.00 |
| City Beverly Hills | State CA | Zip Code 90211-3005 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UCLA | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Nicholas Elwood Johnson | | Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : 38521811 |
| Mailing Address 2207 E Camino Way | | Amount of Each Receipt this Period 100.00 |
| City Salt Lake City | State UT | Zip Code 84121-4908 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Univ. of Utah | Occupation Neurologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 710.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 725.00 |
| 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: PAGE 8 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Sarah M. Benish

Mailing Address 5949 Bradbury Court

City State Zip Code
Inver Grove Heights MN 55076-1597

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

Name of Employer Occupation
Fairview Health Services 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
 09 / 03 / 2015
Transaction ID : 38522707

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Awais Riaz

Mailing Address 4454-A Kelmescott Lane

City State Zip Code
Salt Lake City UT 84124-2580

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

Name of Employer Occupation
Univ. of Utah 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
 09 / 03 / 2015
Transaction ID : 38522708

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Allison L. Weathers

Mailing Address 3444 Lake St

City State Zip Code
Evanston IL 60203-1935

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

Name of Employer Occupation
RUMC RUMC Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : 38522709

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.67

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 31 |
| | <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. Dr. Mill Etienne
Full Name (Last, First, Middle Initial)

Mailing Address 19 Coe Farm Road

City Montebello State NY Zip Code 10901-2908

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

Name of Employer Bon Secours Charity Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1084.00

Date of Receipt 09 / 08 / 2015
Transaction ID : 38532927

Amount of Each Receipt this Period 84.00

B. Dr. Erik Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 11660 Cypress Canyon Road

City San Diego State CA Zip Code 92131-3756

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

Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 09 / 2015
Transaction ID : 38533313

Amount of Each Receipt this Period 100.00

C. Dr. Steven J. Holtz
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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

Name of Employer John Muir Physical Ntwk Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2015
Transaction ID : 38533314

Amount of Each Receipt this Period 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 284.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 31 |
| | <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. Dr. Cynthia L. Harden
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Union Square East, Suite 5D
 City New York State NY Zip Code 10003-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comp Epilepsy Ctr Rm K 615 Occupation 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
 09 / 09 / 2015
Transaction ID : 38533430
 Amount of Each Receipt this Period
 500.00

B. Dr. Te-Long Hwang
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Birchbark Court
 City Columbia State SC Zip Code 29229-9002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Polyclinic Occupation 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
 09 / 10 / 2015
Transaction ID : 38544872
 Amount of Each Receipt this Period
 500.00

C. Dr. Braden Nago
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 7th Avenue
 City Seattle State WA Zip Code 98104-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Polyclinic Occupation 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
 09 / 11 / 2015
Transaction ID : 38544876
 Amount of Each Receipt this Period
 1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 31 |
| | <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. Dr. Laurence J. Kinsella
Full Name (Last, First, Middle Initial)

Mailing Address 235 Rosemont Ave

City St. Louis State MO Zip Code 63104-2412

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

Name of Employer SSM Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 38544884

Amount of Each Receipt this Period
25.00

B. Dr. Terrence L. Cascino
Full Name (Last, First, Middle Initial)

Mailing Address 2931 Stone Park Dr NE

City Rochester State MN Zip Code 55906-7722

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

Name of Employer Mayo Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 38544885

Amount of Each Receipt this Period
84.00

C. Dr. Jesus F. Lovera
Full Name (Last, First, Middle Initial)

Mailing Address 5121 Cleveland Pl

City Metairie State LA Zip Code 70003-1056

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

Name of Employer LSU Healthcare Network NEU/NSG Occupation 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
 09 / 11 / 2015
Transaction ID : 38544887

Amount of Each Receipt this Period
500.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 609.00 |
| 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 31 |
| | <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. Dr. Robert Scott Duff
Full Name (Last, First, Middle Initial)

Mailing Address 5931 S Northernridge Rd

City Springfield State MO Zip Code 65810-1973

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

Name of Employer Mercy Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 38548462

Amount of Each Receipt this Period
100.00

B. Dr. James C. Stevens
Full Name (Last, First, Middle Initial)

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 Allied Physicians, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1712.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015
Transaction ID : 38548475

Amount of Each Receipt this Period
262.50

C. Dr. Constantine Moschonas
Full Name (Last, First, Middle Initial)

Mailing Address 8113 E Del Cuarzo Dr

City Scottsdale State AZ Zip Code 85258-2254

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

Name of Employer Four Peaks Neurology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : 38557016

Amount of Each Receipt this Period
750.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1112.50 |
| 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 31 |
| | <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. Dr. Matthew J. Murnane
Full Name (Last, First, Middle Initial)

Mailing Address 47 New Scotland Ave
MC-70, Dept of Neurology

City Albany State NY Zip Code 12208-3479

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

Name of Employer Albany Medical College Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 16 / 2015
Transaction ID : 38563263

Amount of Each Receipt this Period
250.00

B. Dr. Daniel C. Potts
Full Name (Last, First, Middle Initial)

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 VA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
09 / 19 / 2015
Transaction ID : 38588216

Amount of Each Receipt this Period
100.00

C. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

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 Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3744.00

Date of Receipt
09 / 19 / 2015
Transaction ID : 38588218

Amount of Each Receipt this Period
416.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 766.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 31 |
| | <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. Dr. Jonathan Hart McKinnon
Full Name (Last, First, Middle Initial)

Mailing Address 7575 W Washington Ave, #127-160

| | | |
|-------------------|-------------|------------------------|
| City Las Vegas | State NV | Zip Code 89128-4333 |
|-------------------|-------------|------------------------|

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

| | |
|--------------------------------------|---------------------------|
| Name of Employer Las Vegas Clinic | Occupation Neurologist |
|--------------------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 38589241

Amount of Each Receipt this Period
 100.00

B. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

| | | |
|-----------------|-------------|------------------------|
| City Chicago | State IL | Zip Code 60647-5481 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|---------------------------|
| Name of Employer Rush | Occupation Neurologist |
|--------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 38589686

Amount of Each Receipt this Period
 84.00

c. Dr. Maryann D. Hooker
Full Name (Last, First, Middle Initial)

Mailing Address 71 Talbot Ct

| | | |
|---------------|-------------|------------------------|
| City Media | State PA | Zip Code 19063-5527 |
|---------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer US Dept. of the VA | Occupation 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
 09 / 21 / 2015
Transaction ID : 38589687

Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 434.00 |
| 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 31 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Dr. Jaffar Khan
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Riverford Way
 City Lawrenceville State GA Zip Code 30043-6416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 24 / 2015
Transaction ID : 38595679
 Amount of Each Receipt this Period 84.00

B. Dr. Lyell K. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 Scenic View Lane SW
 City Rochester State MN Zip Code 55902-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo MN Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 438.00

Date of Receipt 09 / 24 / 2015
Transaction ID : 38595680
 Amount of Each Receipt this Period 23.00

C. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 3356 Miro Place
 City Dallas State TX Zip Code 75204-7526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 09 / 24 / 2015
Transaction ID : 38595681
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.00
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 31 |
| | <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. Dr. William S. Gilmer
Full Name (Last, First, Middle Initial)

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

Name of Employer Self Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
09 / 24 / 2015

Transaction ID : 38595682

Amount of Each Receipt this Period
85.00

B. Dr. Joseph S. Kass
Full Name (Last, First, Middle Initial)

Mailing Address 4903 Valerie

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
09 / 24 / 2015

Transaction ID : 38595683

Amount of Each Receipt this Period
100.00

C. Dr. Keith Coffman
Full Name (Last, First, Middle Initial)

Mailing Address 4119 W. 94th Terrace

City Prairie Village State KS Zip Code 66207-2713

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

Name of Employer Children's Mercy Hospital Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 24 / 2015

Transaction ID : 38595685

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **235.00**

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 31 |
| | <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"/> | <input type="checkbox"/> 17 |

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

A. Dr. Michael R. Yochelson
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Commander Drive

City Hyattsville State MD Zip Code 20782-1025

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

Name of Employer MedStar National Rehabilitation Hospit Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **752.04**

Date of Receipt **09 / 24 / 2015**

Transaction ID : 38595686

Amount of Each Receipt this Period **84.00**

B. Dr. Ralph F. Jozefowicz
Full Name (Last, First, Middle Initial)

Mailing Address 78 Lac Kine Drive

City Rochester State NY Zip Code 14618-5608

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

Name of Employer University of Rochester Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 24 / 2015**

Transaction ID : 38596269

Amount of Each Receipt this Period **250.00**

c. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago State IL Zip Code 60647-5481

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

Name of Employer Rush Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **09 / 24 / 2015**

Transaction ID : 38597162

Amount of Each Receipt this Period **84.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 418.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 31 |
| | <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. Dr. Nilay R. Shah
Full Name (Last, First, Middle Initial)
Mailing Address 160 W. 66th St Apt. 22J
City New York State NY Zip Code 10023-6558
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3500.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : 38597183
Amount of Each Receipt this Period **1000.00**

B. Dr. Gregory J. Esper
Full Name (Last, First, Middle Initial)
Mailing Address 2477 Oak Grove Estates
City Atlanta State GA Zip Code 30345-3899
FEC ID number of contributing federal political committee. **C**
Name of Employer Emory Occupation Neurologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : 38598043
Amount of Each Receipt this Period **42.00**

C. Dr. David R. Greeley
Full Name (Last, First, Middle Initial)
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 Northwest Neurological Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : 38598044
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **1092.00**
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 31 |
| <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. Dr. Jeremy M. Shefner
Full Name (Last, First, Middle Initial)

Mailing Address 240 West Thomas Road

City Phoenix State AZ Zip Code 85013-4407

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

Name of Employer Barrow Neurological Institute Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : 38598045

Amount of Each Receipt this Period **125.00**

B. Dr. Bruce Sigsbee
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

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

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : 38598046

Amount of Each Receipt this Period **200.00**

C. Dr. Allison Brashear
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City Winston Salem State NC Zip Code 27106-4489

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

Name of Employer Wake Forest Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : 38598048

Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... **405.00**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 31 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Dr. Faisal M. Qazi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 West Valencia Mesa Drive
 City Fullerton State CA Zip Code 92833-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inland Neurologic Consultants Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : 38598049
 Amount of Each Receipt this Period
 85.00

B. Dr. Colleen Vanderkolk
 Full Name (Last, First, Middle Initial)
 Mailing Address 704 Thurrock Circle
 City Brentwood State TN Zip Code 37027-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Thomas Medical Partners Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : 38598051
 Amount of Each Receipt this Period
 85.00

C. Dr. David W. Brandes
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Autumn Woods Drive
 City Sweetwater State TN Zip Code 37874-6482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : 38598052
 Amount of Each Receipt this Period
 85.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 255.00 |
| 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 31 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Dr. Yoon-Hee Cha
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 South Retana Avenue
 City Broken Arrow State OK Zip Code 74011-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Hospital Occupation Neurologist
 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
 09 / 25 / 2015
Transaction ID : 38598053
 Amount of Each Receipt this Period
 50.00

B. Dr. Alireza Minagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8040 Captain Dillon Ct
 City Shreveport State LA Zip Code 71115-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LA State University Health Sciences Ct Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2015
Transaction ID : 38601206
 Amount of Each Receipt this Period
 42.00

C. Dr. John W. Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Howell Mill Road NW, Suite 62
 City Atlanta State GA Zip Code 30318-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Healthcare Occupation 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
 09 / 28 / 2015
Transaction ID : 38601324
 Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 142.00 |
| 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 31 |
| | <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. Dr. Steven L. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106

| | | |
|-----------------|-------------|------------------------|
| City Chicago | State IL | Zip Code 60612-3845 |
|-----------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer Rush Univ. Med. Ctr. | Occupation Physician |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1839.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 38601325

Amount of Each Receipt this Period
 223.00

B. Dr. Lily Jung Henson
Full Name (Last, First, Middle Initial)

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 Piedmont Healthcare | Occupation Physician |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3744.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 38601326

Amount of Each Receipt this Period
 416.00

C. Dr. Gregory L. Barkley
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

| | | |
|-------------------|-------------|------------------------|
| City Ann Arbor | State MI | Zip Code 48105-1435 |
|-------------------|-------------|------------------------|

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

| | |
|---|---------------------------|
| Name of Employer Henry Ford Hospital | Occupation Neurologist |
|---|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 38601327

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 739.00 |
| 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 31 |
| | <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. Dr. Thomas Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Prospect Dr

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Missoula | MT | 59808-8608 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Self | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 29 | / | 2015 |

Transaction ID : 38601918

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

B. Dr. Glen R. Finney
Full Name (Last, First, Middle Initial)

Mailing Address 828 Homestead Dr

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

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

| | |
|--------------------------------|----------------------|
| Name of Employer | Occupation |
| Univ. of FL Dept. of Neurology | Behavioral Neurology |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **511.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : 38605446

Amount of Each Receipt this Period

| |
|-------|
| 10.00 |
|-------|

C. Dr. Carolyn L. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 4732 Lost Creek Lane

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

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

| | |
|---------------------|------------|
| Name of Employer | Occupation |
| Northwest Neurology | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : 38606690

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 360.00 |
| 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 31 |
| | <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 (Last, First, Middle Initial)
Dr. Ildefonso Rodriguez-Leyva

Mailing Address Centro Potosino De Atencion En Neu
Cuauhtemoc No 380

City San Luis Potosi State Zip Code 78233

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : 38638013

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 10962.67 |

**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"/> 24 | <input type="checkbox"/> 25 | <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. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 10 / 2015

Transaction ID : 38535943

Amount of Each Disbursement this Period
1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
Campaign Contribution

Candidate Name
Dean Heller

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 10 / 2015

Transaction ID : 38535944

Amount of Each Disbursement this Period
1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Butterfield For Congress

Mailing Address 434 Fayetteville Street
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. G. K. Butterfield

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 10 / 2015

Transaction ID : 38535945

Amount of Each Disbursement this Period
1000.00

Campaign Contribution

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"/> 24 | <input type="checkbox"/> 25 | <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. Paul Tonko For Congress | | Date of Disbursement MM / DD / YYYY 09 / 10 / 2015 |
| Mailing Address 911 Central Avenue # 221 | | Transaction ID : 38535946 |
| City Albany | State NY Zip Code 12206 | |
| Purpose of Disbursement Campaign Contribution | Category/Type 011 | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Rep. Paul David Tonko | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Campaign Contribution |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: NY District: 20 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Castor For Congress | | Date of Disbursement MM / DD / YYYY 09 / 10 / 2015 |
| Mailing Address 301 W Platt Street, #385 | | Transaction ID : 38536030 |
| City Tampa | State FL Zip Code 33606 | |
| Purpose of Disbursement Campaign Contribution | Category/Type 011 | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Rep. Kathy Castor | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Campaign Contribution |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: FL District: 14 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Raul Ruiz For Congress | | Date of Disbursement MM / DD / YYYY 09 / 10 / 2015 |
| Mailing Address PO Box 3433 | | Transaction ID : 38536032 |
| City Palm Desert | State CA Zip Code 92261 | |
| Purpose of Disbursement Campaign Contribution | Category/Type 011 | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Rep. Raul Ruiz MD | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Campaign Contribution |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: CA District: 36 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6000.00 |
| 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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Henry Cuellar

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : 38536033

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Void - Castor For Congress

011

Candidate Name

Rep. Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : 38589122

Amount of Each Disbursement this Period

-1000.00

Void - Castor For Congress

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Void - Paul Tonko For Congress

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : 38589123

Amount of Each Disbursement this Period

-2500.00

Void - Paul Tonko For Congress

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. C.A. Dutch Ruppensberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596300

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Bob P. Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596302

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596305

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

4000.00

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"/> 24 | <input type="checkbox"/> 25 | <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. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Renee Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596306

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 232 Ne 9th

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596307

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596308

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

7000.00

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"/> 24 | <input type="checkbox"/> 25 | <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. Walorski For Congress Inc

Mailing Address PO Box 954

City State Zip Code
Mishawaka IN 46546

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Jackie Walorski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596309

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Mooney For Congress

Mailing Address P.O. Box 1863

City State Zip Code
Martinsburg WV 25402

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Alexander Mooney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38596311

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City State Zip Code
Albany NY 12206

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Paul David Tonko

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : 38597176

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

3500.00

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"/> 24 | <input type="checkbox"/> 25 | <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. Ami Bera For Congress | | Date of Disbursement MM / DD / YYYY 09 / 28 / 2015 |
| Mailing Address PO Box 582496 | | Transaction ID : 38601817 |
| City Elk Grove | State CA | |
| Zip Code 95758 | Purpose of Disbursement Campaign Contribution | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Rep. Ami Bera MD | Category/ Type 011 | Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 07 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Becerra For Congress | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2015 |
| Mailing Address P.O. Box 71584 | | Transaction ID : 38605448 |
| City Los Angeles | State CA | |
| Zip Code 90071 | Purpose of Disbursement Campaign Contribution | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Rep. Xavier Becerra | Category/ Type 011 | Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 34 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Michael Burgess For Congress | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2015 |
| Mailing Address PO Box 2334 | | Transaction ID : 38605449 |
| City Denton | State TX | |
| Zip Code 76202 | Purpose of Disbursement Campaign Contribution | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name Rep. Michael C. Burgess M.D. | Category/ Type 011 | Campaign Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX District: 26 | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | 27000.00 |