PAGE 1 / 31

Image# 201510129002835702

# **FEC**

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A	For Other Than An A	Authorized Commi	ttee	Of	fice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
American Academy of	Neurology BrainP	AC			
ADDRESS (number and street)	401 C St NE				
Check if different than previously reported. (ACC)	Washington			DC 2	20002
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00435933	3	. IS THIS REPORT	NEW (N) <b>OR</b>	AMENI (A)	DED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Aug 20 ( Sep 20 (  Cot 20 (	(M9) Dec 20 (M12) (Non-Election Year Only)  (Non-Election Year Only)
April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (Y	PRE-Election Report for the	Primary (1 e: Conventio		General (120) Special (128)	
July 31 Mid-Year Report (Non-electio Year Only) (MY)  Termination Report (TER)	POST-Election	,	30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 09		15 through	n 09	30 Y	2015
I certify that I have examined th	•	t of my knowledge an	d belief it is tru	ue, correct and co	mplete.
Type or Print Name of Treasure	Mr. Timothy J. Engel				
Signature of Treasurer Mr. 7	Timothy J. Engel	[Electronic	ally Filed]	Date 10	12 / 2015
NOTE: Submission of false, erron	eous, or incomplete inform	ation may subject the p	erson signing th	nis Report to the p	enalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC 09 01 2015 09 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 114069.08 January 1, 2015 (b) Cash on Hand at 102544.31 Beginning of Reporting Period..... 229326.23 13542.67 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 116086.98 343395.31 6(a) and 6(c) for Column B)..... 27100.00 254408.33 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 88986.98 88986.98 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

I. Receipts	I. Receipts COLUMN A Total This Period				
. Contributions (other than loans) From:	Total Tille I diloc	Calendar Year-to-Date			
(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			
(1) P (1)	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines	7	3.00			
11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)	13542.67	229326.23			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
_					
. All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures	7				
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,				
to Federal Candidates and Other					
Political Committees	0.00	0.00			
. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
. Transfers from Non-Federal and Levin Funds					
(a) Non-Federal Account	0.00	0.00			
(from Schedule H3)	0.00	0.00			
	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	2.22			
(c) Total Transfers (add To(a) and To(b))	0.00	0.00			
. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	13542.67	229326.23			
. 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	sements COLUMN A Total This Period			
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	1044 1110 1 01104	Calendar Year-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(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		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	27000.00	254000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(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		
/N =				
(d) Total Contribution Refunds	100.00	408.33		
(add Lines 28(a), (b), and (c))▶				
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) i euciai Silaic				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27100.00	254408.33		
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
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

31

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela Date of Receipt Mailing Address 9878 Zig Zag Road 01 2015 City Zip Code State Transaction ID: 38520969 OH Cincinnati 45242-6311 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Cincinnati, Dept of Neuro Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David L. Camenga Date of Receipt Mailing Address 6 Glenwood Ave 09 01 2015 City State Zip Code Transaction ID: 38520970 ME Augusta 04330-6906 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Togus Veterans' Adm Med Ctr Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Bruce H. Cohen Date of Receipt Mailing Address 3141 Neille Lane 09 01 2015 City Zip Code State Transaction ID: 38520971 OH Twinsburg 44087-3808 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Children's Hospital and Med. Center of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1712.50 Other (specify) 637.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

31

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. John David Hixson Date of Receipt Mailing Address 1224 3rd Ave 2015 02 City Zip Code State Transaction ID: 38521795 CA San Francisco 94122-2705 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **UCSF** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Dawn Eliashiv Date of Receipt Mailing Address 204 South Stanley Drive 09 02 2015 City State Zip Code Transaction ID: 38521810 Beverly Hills CA 90211-3005 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation **UCLA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Nicholas Elwood Johnson Date of Receipt Mailing Address 2207 E Camino Way 02 09 2015 City State Zip Code Transaction ID: 38521811 UT Salt Lake City 84121-4908 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Univ. of Utah Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 710.00 Other (specify) 725.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

	FOR LINE NUMBER:			PAGE		8	OF		31	
(check only one)										
X	11a		11b		11c		12	!		
	13		14		15		16	;		17

	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	D : D: C	
American Academy of Neurol	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Sarah M. Benish		Date of Receipt
Mailing Address 5949 Bradbury Court		09 03 2015
City	State Zip Code	Transaction ID : 38522707
Inver Grove Heights	MN 55076-1597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Fairview Health Services	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00.0	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) . Dr. Awais Riaz		Date of Receipt
Mailing Address 4454-A Kelmscott Lane		09 03 2015
City	State Zip Code	Transaction ID : 38522708
Salt Lake City	UT 84124-2580	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	]
Univ. of Utah	Neurologist	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Allison L. Weathers		Date of Receipt
Mailing Address 3444 Lake St		09 03 2015
City	State Zip Code	Transaction ID : 38522709
Evanston	IL 60203-1935	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
RUMC	RUMC Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify) ▼	390.86	
SURTOTAL of Receipts This Page (entions)		541.67
ODDIVIAL OF Receipts This Page (optional)		
TOTAL This Period (last page this line numb	er only)	1

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

FC	FOR LINE NUMBER:				9	OF	31
(ch	neck only	one)					
>	<b>X</b> 11a	11b		11c	12		
	13	14		15	16		17

	he name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  A. Dr. Mill Etienne		Date of Receipt
Mailing Address 19 Coe Farm Road		09 08 2015
City	State Zip Code	Transaction ID : 38532927
Montebello	NY 10901-2908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer	Occupation	†
Bon Secours Charity Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	1084.00	
Full Name (Last, First, Middle Initial)  3. Dr. Erik Perkins		Date of Receipt
Mailing Address 11660 Cypress Canyon Roa	ad	M = M / D = D / Y = Y = Y = Y
City	State 7in Cod-	09 09 2015
City San Diego	State Zip Code CA 92131-3756	Transaction ID : 38533313
San Diego	CA 92131-3756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	7
Sharp-Rees-Stealy Medical Group	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  C. Dr. Steven J. Holtz	·	Date of Receipt
Mailing Address 6970 Broadway Terrace		09 09 2015 _
City	State Zip Code	Transaction ID : 38533314
Oakland	CA 94611-1950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	1
John Muir Physical Ntwk	Neurologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (ontional)	<b>&gt;</b>	284.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 10 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Cynthia L. Harden Date of Receipt Mailing Address 10 Union Square East, Suite 5D 2015 09 City Zip Code State Transaction ID: 38533430 NY New York 10003-3314 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Comp Epilepsy Ctr Rm K 615 Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Te-Long Hwang Date of Receipt Mailing Address 7 Birchbark Court 09 10 2015 City State Zip Code Transaction ID: 38544872 SC Columbia 29229-9002 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation The Polyclinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Braden Nago Date of Receipt Mailing Address 904 7th Avenue 2015 09 11 City Zip Code State Transaction ID: 38544876 WA Seattle 98104-1132 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation The Polyclinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella Date of Receipt Mailing Address 235 Rosemont Ave 2015 City Zip Code State Transaction ID: 38544884 MO St. Louis 63104-2412 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation SSM Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Terrence L. Cascino Date of Receipt Mailing Address 2931 Stone Park Dr NE 09 2015 11 City State Zip Code Transaction ID: 38544885 MN Rochester 55906-7722 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Mayo Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 756.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jesus F. Lovera Date of Receipt Mailing Address 5121 Cleveland Pl 2015 09 11 City State Zip Code Transaction ID: 38544887 Metairie LA 70003-1056 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation LSU Healthcare Network NEU/NSG Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 609.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Robert Scott Duff Date of Receipt Mailing Address 5931 S Northernridge Rd 2015 City Zip Code State Transaction ID: 38548462 MO Springfield 65810-1973 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Mercy Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. James C. Stevens Date of Receipt Mailing Address 12112 Aboite Center Rd 09 13 2015 City State Zip Code Transaction ID: 38548475 Fort Wayne IN 46814-9528 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Allied Physicians, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1712.50 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Constantine Moschonas Date of Receipt Mailing Address 8113 E Del Cuarzo Dr 09 15 2015 City State Zip Code Transaction ID: 38557016 ΑZ Scottsdale 85258-2254 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Occupation Four Peaks Neurology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 1112.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	•	13 OI	F	31
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	Statements may not be sold or used by any persibe name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Neurology	ogy BrainPAC	
Full Name (Last, First, Middle Initial)  Dr. Matthew J. Murnane  Mailing Address 47 New Scotland Ave		Date of Receipt
MC-70, Dept of Neurology City Albany	State Zip Code NY 12208-3479	09 16 2015 Transaction ID : 38563263
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer  Albany Medical College  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	_
Full Name (Last, First, Middle Initial)  Dr. Daniel C. Potts  Mailing Address 136 Covey Chase		Date of Receipt
City Tuscaloosa	State Zip Code AL 35406-1801	7 Transaction ID : 38588216  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  VA  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1400.00	-
Full Name (Last, First, Middle Initial)  Dr. Nancy L. Mueller		Date of Receipt
Mailing Address 34 Stonybrook Road  City	State Zip Code	09 19 2015 Transaction ID : 38588218
Tenafly  FEC ID number of contributing federal political committee.	NJ 07670-1118	Amount of Each Receipt this Period 416.00
Name of Employer Self	Occupation Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3744.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	766.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 14 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Jonathan Hart McKinnon Date of Receipt Mailing Address 7575 W Washington Ave, #127-160 2015 City Zip Code State Transaction ID: 38589241 NV Las Vegas 89128-4333 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Las Vegas Clinic Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Sarah Song Date of Receipt Mailing Address 2045 W. Concord Place, #405 09 23 2015 City State Zip Code Transaction ID: 38589686 IL Chicago 60647-5481 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation Rush Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 756.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Maryann D. Hooker Date of Receipt Mailing Address 71 Talbot Ct 2015 09 21 City Zip Code State Transaction ID: 38589687 PΑ Media 19063-5527 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation US Dept. of the VA Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 434.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Jaffar Khan Date of Receipt Mailing Address 292 Riverford Way 2015 24 City State Zip Code Transaction ID: 38595679 GA Lawrenceville 30043-6416 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation **Emory Clinic** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 672.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lyell K. Jones Date of Receipt Mailing Address 2055 Scenic View Lane SW 09 24 2015 City State Zip Code Transaction ID: 38595680 MN Rochester 55902-2575 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Name of Employer Occupation Mayo MN Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 438.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David A. Evans Date of Receipt Mailing Address 3356 Miro Place 09 24 2015 City Zip Code State Transaction ID: 38595681 TX **Dallas** 75204-7526 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation COO **Texas Neurology** Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) 207.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. William S. Gilmer Date of Receipt Mailing Address 2323 Dunstan Rd 2015 24 City Zip Code State Transaction ID: 38595682 77005-2613 TX Houston Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Self Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 765.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joseph S. Kass Date of Receipt Mailing Address 4903 Valerie 09 24 2015 City State Zip Code Transaction ID: 38595683 TX Bellaire 77401-5707 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation **Baylor College of Medicine** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Keith Coffman Date of Receipt Mailing Address 4119 W. 94th Terrace 09 24 2015 City Zip Code State Transaction ID: 38595685 KS Prairie Village 66207-2713 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Children's Mercy Hospital Self Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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 Full Name (Last, First, Middle Initial) Dr. Michael R. Yochelson Date of Receipt Mailing Address 3919 Commander Drive 2015 24 City Zip Code State Transaction ID: 38595686 MD Hyattsville 20782-1025 Amount of Each Receipt this Period FEC ID number of contributing 84.00 federal political committee. Name of Employer Occupation MedStar National Rehabilitation Hospit Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 752.04 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ralph F. Jozefowicz Date of Receipt Mailing Address 78 Lac Kine Drive 09 24 2015 City State Zip Code Transaction ID: 38596269 NY Rochester 14618-5608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Rochester Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sarah Song Date of Receipt Mailing Address 2045 W. Concord Place, #405 09 24 2015 City State Zip Code Transaction ID: 38597162 IL Chicago 60647-5481 Amount of Each Receipt this Period FEC ID number of contributing 84.00 С federal political committee. Name of Employer Occupation Rush Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) 418.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Nilay R. Shah Date of Receipt Mailing Address 160 W. 66th St Apt. 22J 2015 24 City Zip Code State Transaction ID: 38597183 NY New York 10023-6558 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gregory J. Esper Date of Receipt Mailing Address 2477 Oak Grove Estates 09 25 2015 City State Zip Code Transaction ID: 38598043 GA Atlanta 30345-3899 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Name of Employer Occupation **Emory** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 378.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David R. Greeley Date of Receipt Mailing Address 1125 E 27th Avenue 09 25 2015 City Zip Code State Transaction ID: 38598044 WA Spokane 99203-3348 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Northwest Neurological Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 1092.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Jeremy M. Shefner Date of Receipt Mailing Address 240 West Thomas Road 2015 25 City Zip Code State Transaction ID: 38598045 Phoenix ΑZ 85013-4407 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Barrow Neurological Institute Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bruce Sigsbee Date of Receipt Mailing Address 1199 Sennebec Rd 09 25 2015 City State Zip Code Transaction ID: 38598046 ME Union 04862-4628 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Penobscot Bay Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Allison Brashear Date of Receipt Mailing Address 208 Hadley Ct 09 25 2015 Zip Code State Transaction ID: 38598048 NC Winston Salem 27106-4489 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Wake Forest Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) 405.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Faisal M. Qazi Date of Receipt Mailing Address 1240 West Valencia Mesa Drive 2015 25 City Zip Code State Transaction ID: 38598049 CA Fullerton 92833-2221 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Inland Neurologic Consultants Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 765.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Colleen Vanderkolk Date of Receipt Mailing Address 704 Thurrock Circle 09 25 2015 City State Zip Code Transaction ID: 38598051 TN **Brentwood** 37027-1504 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation St. Thomas Medical Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 765.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David W. Brandes Date of Receipt Mailing Address 106 Autumn Woods Drive 09 25 2015 City Zip Code State Transaction ID: 38598052 TN Sweetwater 37874-6482 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 765.00 Other (specify) 255.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Yoon-Hee Cha Date of Receipt Mailing Address 4313 South Retana Avenue 2015 25 City Zip Code State Transaction ID: 38598053 OK **Broken Arrow** 74011-1398 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Francis Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Alireza Minagar Date of Receipt Mailing Address 8040 Captain Dillon Ct 09 26 2015 City State Zip Code Transaction ID: 38601206 LA Shreveport 71115-4606 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Name of Employer Occupation LA State University Health Sciences Ct Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 378.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John W. Henson Date of Receipt Mailing Address 1800 Howell Mill Road NW, Suite 62 09 28 2015 City State Zip Code Transaction ID: 38601324 GΑ Atlanta 30318-2538 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Piedmont Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 142.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 2015 28 City State Zip Code Transaction ID: 38601325 Chicago IL 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 223.00 federal political committee. Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1839.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lily Jung Henson Date of Receipt Mailing Address 4785 Kitty Hawk Drive 09 28 2015 City State Zip Code Transaction ID: 38601326 GA Atlanta 30342-2506 Amount of Each Receipt this Period FEC ID number of contributing 416.00 federal political committee. Name of Employer Occupation Piedmont Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3744.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory L. Barkley Date of Receipt Mailing Address 2890 Burlington St 09 28 2015 City State Zip Code Transaction ID: 38601327 MI Ann Arbor 48105-1435 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Henry Ford Hospital Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 739.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23 OF

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one)	11c	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using t					soliciting	contributi	ons
NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainPA(						
Full Name (Last, First, Middle Initial)  Dr. Thomas Swanson  Mailing Address 5748 Prospect Dr  City  Missoula  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  General  Other (specify)	State MT  C  Occupation Physician  Aggregate Yea	Zip Code 59808-8608 ar-to-Date ▼	09 Trans	Receipt  / 29 action ID : 3 of Each Re			00
Full Name (Last, First, Middle Initial)  Dr. Glen R. Finney  Mailing Address 828 Homestead Dr  City  Dallas  FEC ID number of contributing federal political committee.  Name of Employer  Univ. of FL Dept. of Neurology  Receipt For:  Primary  General  Other (specify)	State PA  C Occupation Behavioral Net Aggregate Yea		09 Transa	Receipt  / 30 action ID : 3 of Each Re			)O
Full Name (Last, First, Middle Initial)  Dr. Carolyn L. Taylor  Mailing Address 4732 Lost Creek Lane  City Bellingham  FEC ID number of contributing federal political committee.  Name of Employer  Northwest Neurology  Receipt For:  Primary General Other (specify)	State WA  C Occupation Physician Aggregate Yes	Zip Code 98229-2574	09 Trans	Receipt  / 30 action ID: 3			00
SUBTOTAL of Receipts This Page (optional).		·····	Ţ.	-	-	360.0	00
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER: PAGE 24 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c **Detailed Summary Page** 

13 14 15 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 Full Name (Last, First, Middle Initial) Dr. Ildefonso Rodriguez-Leyva Date of Receipt Mailing Address Centro Potosino De Atencion En Neu Cuauhtemoc No 380 2015 21 City Zip Code State Transaction ID: 38638013 78233 San Luis Potosi Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$100.00 This 0.00 Other (specify) changes the YTD Total to \$0.00 Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 10962.67 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b	22 🗙 23 24	25 26		
		27	28a 28b 28c	29 30b		
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	no and address of any pointe	di committee to	Solioti Solitilisations irom Saon			
American Academy of Neurology E	Rrain PAC					
American Academy of Nedrology L	Dialili AC					
Full Name (Last, First, Middle Initial)						
A. Committee To Re-Elect Linda San	chez		Date of Disbursement			
Mailing Address 410 1st St Se			09 10	2015		
Suite 310			09 10	2015		
	State Zip Code		T			
Washington	DC 20003		Transaction ID: 38535943			
Purpose of Disbursement Campaign Contribution		044	Amount of Foot Bishonson	out alice Deviced		
Candidate Name		011	Amount of Each Disburseme	nt this Period		
Rep. Linda T. Sanchez		Category/ Type		1000.00		
•	ment For: 2016	1,700				
Senate	Primary General		Campaign Contribution			
President	Other (specify) ▼					
State: CA District: 38						
Full Name (Last, First, Middle Initial)  B. Heller For Sepate			Date of Disbursement			
B. Heller For Senate			M M / D D / Y	Y Y Y		
Mailing Address PO Box 371907			09 10	2015		
,	State Zip Code NV 89137		Transaction ID: 38535944			
Las Vegas Purpose of Disbursement	NV 89137					
Campaign Contribution		011	Amount of Each Disburseme	ent this Period		
Candidate Name		Category/		1000.00		
Dean Heller		Type		1000.00		
	ment For: 2018					
Senate President	Primary General Other (specify) ▼		Campaign Contribution			
State: NV District:	Curior (appearity)					
Full Name (Last, First, Middle Initial)						
C. Butterfield For Congress			Date of Disbursement			
				Y Y Y		
Mailing Address 434 Fayetteville Street Suite 2020			09 10	2015		
	State Zip Code					
Raleigh	NC 27601		Transaction ID: 38535945			
Purpose of Disbursement Campaign Contribution		211				
Candidate Name		011	Amount of Each Disburseme	nt this Period		
Rep. G. K. Butterfield		Category/ Type		1000.00		
•	ment For: 2016	76				
Senate	Primary General		Campaign Contribution			
President	Other (specify) ▼					
State: NC District: 01						
SUBTOTAL of Disbursements This Page (optional)				3000.00		
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	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:		PAGE 26 OF 31
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<del>\</del>	NAME OF COMMITTEE (In Full)	e and address	or arry political	COMMITTEE TO	Solioit Contine	duono nom	odon committee.
	American Academy of Neurology B	krainPAC					
	American Academy of Nedrology B	Tallii 710					
_	Full Name (Last, First, Middle Initial)					_	
Α.	Paul Tonko For Congress				Date of Di	sbursement	
	Mailing Address 911 Central Avenue				09 /	10	2015
	# 221				03	10	2013
	City	State Zip	Code		Transast	ion ID - 205	25046
	Albany	NY 12	206		rransact	ion ID : 385	55946
	Purpose of Disbursement Campaign Contribution			011	Amount of	Each Dishu	rsement this Period
	Candidate Name				Amount of	Each Disbu	rsement this Fehou
	Rep. Paul David Tonko			Category/ Type			2500.00
	•	nent For: 2016		.,,,,,		,	
	Senate	Primary	General		Campaign (	Contribution	
		Other (specify)	▼				
	State: NY District: 20						
В.	Full Name (Last, First, Middle Initial)				Date of Di	sbursement	
٠.	Castor For Congress				M M /	D D /	Y
	Mailing Address 301 W Platt Street, #385				09	10	2015
			Code 3606		Transact	ion ID : 385	36030
	Tampa Purpose of Disbursement		0000				
	Campaign Contribution			011	Amount of	Each Disbu	rsement this Period
	Candidate Name		-	Category/			1000.00
	Rep. Kathy Castor			Type		7	1000.00
		nent For: 2016	_				
	Senate	Primary	General		Campaign	Contribution	
	Senate		General		Campaign	Contribution	
	Senate President	Primary	General		Campaign	Contribution	
<u> </u>	Senate President State: FL District: 14	Primary	General			Contribution	
<u> </u>	Senate President State: FL District: 14  Full Name (Last, First, Middle Initial) Dr. Raul Ruiz For Congress	Primary	General		Date of Di	sbursement /	YYYY
<u> </u>	State: FL District: 14  Full Name (Last, First, Middle Initial)	Primary	General		Date of Di	sbursement	Y Y Y Y Y 2015
<b>C</b> .	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433	Primary Other (specify)	General ▼		Date of Di	sbursement	_2015
<b>c</b> .	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert	Primary Other (specify)  State Zip	General		Date of Di	sbursement /	_2015
С.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Selam Desert Purpose of Disbursement	Primary Other (specify)  State Zip	General ▼  Code		Date of Di	sbursement	_2015
С.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert Purpose of Disbursement Campaign Contribution	Primary Other (specify)  State Zip	General  Code 261	011	Date of Di	sbursement 10 / ion ID : 385	_2015
<b>C</b> .	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert  Purpose of Disbursement Campaign Contribution  Candidate Name	Primary Other (specify)  State Zip	General  Code 261	Category/	Date of Di	sbursement 10 / ion ID : 385	2015
<b>C</b> .	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Selection Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Raul Ruiz MD	Primary Other (specify)  State Zip	General  Code 261		Date of Di	sbursement 10 / ion ID : 385	2015 36032 rsement this Period
C.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Raul Ruiz MD  Office Sought: House Disbursement	Primary Other (specify)  State Zip CA 92	General  Code 261	Category/	Date of Di	sbursement 10 / ion ID : 385	2015 36032 rsement this Period
c.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Raul Ruiz MD  Office Sought:  House Senate President  Disbursement Senate President	Primary Other (specify)  State Zip CA 92	General  Code 261  General	Category/	Date of Di	sbursement 10  ion ID: 385	2015 36032 rsement this Period
c.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Raul Ruiz MD  Office Sought: House Senate  Disbursement	Primary Other (specify)  State Zip CA 92  ment For: 2016 Primary	General  Code 261  General	Category/	Date of Di	sbursement 10  ion ID: 385	2015 36032 rsement this Period
c.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Senate Purpose of Disbursement Campaign Contribution  Candidate Name Rep. Raul Ruiz MD  Office Sought: House Senate President State: CA District: 36	Primary Other (specify)  State Zip CA 92  ment For: 2016 Primary Other (specify)	General  Code 261  General	Category/ Type	Date of Di	sbursement 10  ion ID: 385	2015 36032 rsement this Period 2500.00
C.	Senate President  State: FL District: 14  Full Name (Last, First, Middle Initial)  Dr. Raul Ruiz For Congress  Mailing Address PO Box 3433  City Palm Desert Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Raul Ruiz MD  Office Sought:  House Senate President  Disbursement Senate President	Primary Other (specify)  State Zip CA 92  ment For: 2016 Primary Other (specify)	General  Code 261  General	Category/ Type	Date of Di	sbursement 10  ion ID: 385	2015 36032 rsement this Period

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 31	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 26	
		27	28a   28b   28c   29   30b	)
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	and address of any point			-
American Academy of Neurology	BrainPAC			
/ / who he do not be a second of the desired of the	Braini 710			
Full Name (Last, First, Middle Initial)				
A. Texans For Henry Cuellar Congre	ssional Campaign		Date of Disbursement	
Mailing Address 1519 Washington Street			09 10 2015	
Suite 200				
City	State Zip Code		Transaction ID: 38536033	
Laredo	TX 78040		114113434101112 : 30000000	
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name				
Rep. Henry Cuellar		Category/ Type	1000.00	
Office Sought: House Disburse	ement For: 2016			
Senate	Primary General		Campaign Contribution	
State: TX District: 28	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				-
B. Castor For Congress			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address 301 W Platt Street, #385			09 21 2015	
City		_		
	State Zip Code		Transaction ID: 38589122	
Tampa	FL 33606		11ansaction iD . 36369122	
Tampa Purpose of Disbursement				
Tampa Purpose of Disbursement Void - Castor For Congress		011	Amount of Each Disbursement this Period	
Tampa Purpose of Disbursement Void - Castor For Congress Candidate Name		Category/		
Tampa Purpose of Disbursement Void - Castor For Congress Candidate Name Rep. Kathy Castor	FL 33606		Amount of Each Disbursement this Period	
Tampa Purpose of Disbursement Void - Castor For Congress  Candidate Name  Rep. Kathy Castor  Office Sought: House Disburse		Category/	Amount of Each Disbursement this Period -1000.00	
Tampa Purpose of Disbursement Void - Castor For Congress  Candidate Name  Rep. Kathy Castor  Office Sought: House Disburse	FL 33606 ement For: 2016	Category/	Amount of Each Disbursement this Period	
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American Academy of Neurology	BrainPAC							
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A. Dutch Ruppersberger For Congre	ss Committee		M M / D D / Y Y Y					
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B. Bob Casey For Senate Inc			Date of Disbursement					
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Mailing Address PO Box 58746			09 24	2015				
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Philadelphia	PA 19102		Transaction ID: 385963	02				
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C. Kurt Schrader For Congress			Date of Disbursement	/				
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Rep. Kurt Schrader		Type		1000.00				
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Α.	Renee Ellmers For Congress Com	mittee					Date of	of Dis	sburse	ment				
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	Rep. Earl Blumenauer			Cate	ype	y'						500	00.00	
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٠.	Steve Israel For Congress Commit	iee												
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$\overline{\ }$	NAME OF COMMITTEE (In Full)						
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	Full Name (Last, First, Middle Initial)				Data of Di	ahura ama at	
Α.	Walorski For Congress Inc				Date of Dis	sbursement / Y Y Y Y Y Y	
	Mailing Address PO Box 954				09	24 2015	
	City	State	Zip Code		Transacti	ion ID : 38596309	
	Mishawaka	IN	46546		Hansacu	. 30390309	
	Purpose of Disbursement Campaign Contribution			011	Amount of	Each Disbursement this Period	
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о.	Mooney For Congress					sbursement	
	Mailing Address P.O. Box 1863		09 24 2015				
	Martinsburg	State WV	Zip Code 25402		Transact	ion ID : 38596311	
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	Senate President State: WV District: 02  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue # 221  City Albany	Other (spec	cify) ▼		Date of Dis	sbursement	
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<b>C</b> .	State: WV District: 02  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue # 221  City  Albany  Purpose of Disbursement Campaign Contribution  Candidate Name	Other (spec	zip Code		Date of Dis	sbursement  24  2015  ion ID: 38597176  Each Disbursement this Period	
<b>C</b> .	State: WV District: 02  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue # 221  City Albany  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Paul David Tonko	Other (spec	Zip Code 12206	011 Category/ Type	Date of Dis	sbursement  24 / 2015  ion ID : 38597176	
<b>C</b> .	Senate President  State: WV District: 02  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue # 221  City Albany  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Paul David Tonko  Office Sought: House Senate President	Other (spec	Zip Code 12206	Category/	Date of Dis	sbursement  24  2015  ion ID: 38597176  Each Disbursement this Period  1500.00	
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c.	Senate President  State: WV District: 02  Full Name (Last, First, Middle Initial)  Paul Tonko For Congress  Mailing Address 911 Central Avenue # 221  City Albany  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Paul David Tonko  Office Sought: House Senate President	State NY  ment For: 2 Primary Other (spec	Zip Code 12206  2016 General cify) ▼	Category/ Type	Date of Dis	sbursement  24  2015  ion ID: 38597176  Each Disbursement this Period  1500.00	

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NAME OF COMMITTEE (In Full)						
American Academy of Neurology B	rainPAC					
Full Name (Last, First, Middle Initial)						
A. Ami Bera For Congress			Date of Disbursement			
Mailing Address PO Box 582496			09 28 2015			
City	State Zip Code		Transaction ID : 20604947			
	CA 95758		Transaction ID: 38601817			
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Rep. Ami Bera MD		Type	2500.00			
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Full Name (Last, First, Middle Initial)						
B. Becerra For Congress			Date of Disbursement			
Mailing Address P.O. Box 71584		09 30 2015				
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C. Michael Burgess For Congress		Date of Disbursement				
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City	State Zip Code					
	TX 76202		Transaction ID: 38605449			
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Rep. Michael C. Burgess M.D.	Type	2500.00				
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