

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 201 Chicago Avenue Check if different than previously reported. (ACC) Minneapolis MN 55415

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

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, 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 / 2022 through 09 / 30 / 2022

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

Signature of Treasurer Myren, Kevin C., Mr., [Electronically Filed] Date 10 / 18 / 2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>  |                         | 417087.94                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 391306.22               |                                   |
| (c) Total Receipts (from Line 19) .....  | 8971.66                 | 198289.94                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 400277.88               | 615377.88                         |
| 7. Total Disbursements (from Line 31).....   | 78500.00                | 293600.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 321777.88               | 321777.88                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 7097.66                       | 154498.94                         |
| (ii) Unitemized .....   | 1874.00                       | 43791.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 8971.66                       | 198289.94                         |
| (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) .....  | 8971.66                       | 198289.94                         |
| 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)).....▶                         | 8971.66                       | 198289.94                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 8971.66                       | 198289.94                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 78500.00                      | 293500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 100.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 100.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 78500.00                      | 293600.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 78500.00                      | 293600.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 8971.66                               | 198289.94                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 100.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 8971.66                               | 198189.94                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 36  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Greeley, David, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Neurological, PLLC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 47907263**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Reynolds, Wesley, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3735 Yates St  
 City Denver State CO Zip Code 80212-2040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centura Health Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 47907264**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hutchins, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Chicago Ave  
 City Minneapolis State MN Zip Code 55415-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Academy of Neurology Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 47907265**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 384.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 36  |
| <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. Stevens, James, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12112 Aboite Center Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fort Wayne | State<br>IN | Zip Code<br>46814-9528 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Allied Physicians, Inc. | Occupation (for Individual)<br>Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1881.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 02    |   | 2022        |

**Transaction ID : 47907266**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Anderson, Wayne, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Harrison St  
Apt 42A

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>San Francisco | State<br>CA | Zip Code<br>94105-2797 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Self | Occupation (for Individual)<br>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    |   | 03    |   | 2022        |

**Transaction ID : 47908317**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 1834 Chateaugay Way

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Blacklick | State<br>OH | Zip Code<br>43004-8001 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Nationwide Children's Hospital and the | Occupation (for Individual)<br>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    |   | 04    |   | 2022        |

**Transaction ID : 47908331**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 443.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 8 OF 36                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <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. Kilgore, Shannon, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Doud Dr  
 City Los Altos State CA Zip Code 94022-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Palo Alto HCS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 04 / 2022  
**Transaction ID : 47908332**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Potts, Daniel, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 Covey Chase  
 City Tuscaloosa State AL Zip Code 35406-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 04 / 2022  
**Transaction ID : 47908333**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Chin, Jerome, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1046  
 City Tiburon State CA Zip Code 94920-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 47944863**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 168.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 36  |
| <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. Bickel, Jennifer, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5003 W Evelyn Drive

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Tampa | State<br>FL | Zip Code<br>33609-3601 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Moffitt Cancer Center Magnolia Campus | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 13    |   | 2022        |

**Transaction ID : 47954348**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 331 Wimbledon Hills Dr SW

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rochester | State<br>MN | Zip Code<br>55902-4134 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Mayo Clinic | Occupation (for Individual)<br>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    |   | 13    |   | 2022        |

**Transaction ID : 47954349**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 8 Pine Forest Drive

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Russellville | State<br>AR | Zip Code<br>72801-4514 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Davis Neurology PLLC | Occupation (for Individual)<br>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    |   | 13    |   | 2022        |

**Transaction ID : 47954351**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 10 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Riaz, Awais, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1381 E. Hickory Lane  
 City Murray State UT Zip Code 84121-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 47978163**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. Milstein, Mark, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 West 110th Street Apt 6C  
 City New York State NY Zip Code 10025-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 47978164**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tilton, Ann, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Pelham Dr  
 City Metairie State LA Zip Code 70005-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 47978166**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 378.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 11 OF 36   |
| <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. Holtz, Steven, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Oakland | State<br>CA | Zip Code<br>94611-2620 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Neurology Medical Group of Diablo Vall | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 06    |   | 2022        |

**Transaction ID : 47978167**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Kaplan, Jeffrey, Marc, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3304 W 86th St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Leawood | State<br>KS | Zip Code<br>66206-1445 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>College Park Family Care Center | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 47978171**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 3011 Acton St

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Berkeley | State<br>CA | Zip Code<br>94702-2706 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>PADRECC, San Francisco VAMC | Occupation (for Individual)<br>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    |   | 16    |   | 2022        |

**Transaction ID : 47979523**

Amount of Each Receipt this Period  
85.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1185.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 12 OF 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Smith, Marsha, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5988 Capeview Pl  
 City Mason State OH Zip Code 45040-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Riverhills Neuroscience Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 47979524**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Stavros, Kara, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Pitman Street Apt 105  
 City Providence State RI Zip Code 02906-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 654.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : 47981211**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Williams, David, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 Lansdowne Ave  
 City Decatur State GA Zip Code 30030-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Laureate Medical Group Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 47983028**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 267.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 36                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Anderson, Eric, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5921 Bayview Circle South  
 City Gulfport State FL Zip Code 33707-3929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intensive Neuro Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 47983029**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. Al-Khalili, Yasir, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 716 Carolyn Court  
 City South Hill State VA Zip Code 23970-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 21 / 2022  
**Transaction ID : 47983611**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Schwartzbard, Julie, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19451 Ambassador Ct  
 City Miami State FL Zip Code 33179-6429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aventura Neurologic and Assoc. Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 21 / 2022  
**Transaction ID : 47983612**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 14 OF 36                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <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. Deb, Anindita, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 Nonset Path

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Acton | State<br>MA | Zip Code<br>01720-3417 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Massachusetts School of | Occupation (for Individual)<br>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    |   | 22    |   | 2022        |

**Transaction ID : 47993146**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1185 Pine Ridge Rd NE

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30324-2526 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Emory Healthcare | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 47995443**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Holtz, Steven, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Oakland | State<br>CA | Zip Code<br>94611-2620 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Neurology Medical Group of Diablo Vall | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 24    |   | 2022        |

**Transaction ID : 47997418**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 209.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 15 OF 36   |
| <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. Finney, Glen, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 Homestead Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dallas | State<br>PA | Zip Code<br>18612-7227 |
|----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Geisinger Health | Occupation (for Individual)<br>Behavioral Neurology |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3645.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 24    |   | 2022        |

**Transaction ID : 47997419**

Amount of Each Receipt this Period  
405.00

Memo Item

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

Mailing Address 4903 Valerie

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bellaire | State<br>TX | Zip Code<br>77401-5707 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Baylor College of Medicine | Occupation (for Individual)<br>Physician |
|---|--|

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    |   | 24    |   | 2022        |

**Transaction ID : 47997420**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Busis, Neil, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1065 2nd Ave, 7J

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10022-2887 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>NYU Langone Health | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3749.94

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 25    |   | 2022        |

**Transaction ID : 47997434**

Amount of Each Receipt this Period  
416.66

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 905.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 16 OF 36   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 34 Stonybrook Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Tenafly | State<br>NJ | Zip Code<br>07670-1118 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Institute of Neurological Care | Occupation (for Individual)<br>Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1881.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 25    |   | 2022        |

**Transaction ID : 47997435**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 82 Redcoat Lane

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Guilford | State<br>CT | Zip Code<br>06437-1905 |
|------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1015.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 25    |   | 2022        |

**Transaction ID : 47997437**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Bruns, Marla, Beth, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Blue Pine Circle

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Penfield | State<br>NY | Zip Code<br>14526-9547 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Unity Rehabilitation & Neurology At Ri | Occupation (for Individual)<br>Neurologist |
|---|--|

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    |   | 27    |   | 2022        |

**Transaction ID : 47998100**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 336.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 36                |
|   | <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             | <input type="checkbox"/> 17  |

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

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

Mailing Address 1200 Binz St  
Ste 1270

City Houston State TX Zip Code 77004-6937

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 47998101**

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 18911 Presley Circle

City Cerritos State CA Zip Code 90703-6087

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

Name of Employer (for Individual) Torrance Memorial Physician Network Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 47999976**

Amount of Each Receipt this Period 30.00

Memo Item

**C. Johnson, Nicholas, Elwood, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11535 GREY OAKS ESTATES RUN

City Glen Allen State VA Zip Code 23059-5924

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 47999977**

Amount of Each Receipt this Period 125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 239.00

**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 36   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Di Carlo-Garner, Rosanna, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3647 Bayshore Blvd NE  
 City Saint Petersburg State FL Zip Code 33703-5513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vincent Di Carlo & Associates Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 47999981**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Urion, David, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Pierce Hill Road  
 City Lincoln State MA Zip Code 01773-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital Boston Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 47999982**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Ransom, Jane, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Chicago Ave  
 City Minneapolis State MN Zip Code 55415-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Brain Foundation Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2022  
**Transaction ID : 48042314**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 392.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 36                |
|   | <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. Hale, David, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 VASSAR DR SE

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>ROME | State<br>GA | Zip Code<br>30161-6201 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Harbin Clinic | Occupation (for Individual)<br>Neurologist |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 29  |   | 2022    |

**Transaction ID : 48042418**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Ovbiagele, Bruce, I., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4150 Clement Street

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>San Francisco | State<br>CA | Zip Code<br>94121-1563 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>San Francisco VA | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 27  |   | 2022    |

**Transaction ID : 48042870**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Jordan, Justin, T., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Independence Circle

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Beverly | State<br>MA | Zip Code<br>01915-1578 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Massachusetts General Hospital | Occupation (for Individual)<br>Neurologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 22  |   | 2022    |

**Transaction ID : 48043054**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1530.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 7097.66 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nancy Pelosi For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address 700 13th Street, Nw<br>Suite 600  |  | FEC Identification Number<br>C C00213512<br><b>Transaction ID : 47954384</b> |
| City<br>Washington  | State<br>DC  | Zip Code<br>20005  |
| Purpose of Disbursement<br>Political Contribution   |  | Amount of Each Disbursement this Period<br>2500.00<br>Political Contribution |
| Candidate Name<br><b>Pelosi, Nancy, , Rep.,</b>   |  | <input type="checkbox"/> Memo Item   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: CA District: 12  | Category/Type<br>011   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cole For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address P.O. Box 722256   |  | FEC Identification Number<br>C C00379735<br><b>Transaction ID : 47954385</b> |
| City<br>Norman  | State<br>OK  | Zip Code<br>73070  |
| Purpose of Disbursement<br>Political Contribution   |  | Amount of Each Disbursement this Period<br>2500.00<br>Political Contribution |
| Candidate Name<br><b>Cole, Thomas, , Rep.,</b>  |  | <input type="checkbox"/> Memo Item   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: OK District: 04  | Category/Type<br>011   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Terri Sewell For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address PO Box 1964   |  | FEC Identification Number<br>C C00458976<br><b>Transaction ID : 47954386</b> |
| City<br>Birmingham  | State<br>AL  | Zip Code<br>35201  |
| Purpose of Disbursement<br>Political Contribution   |  | Amount of Each Disbursement this Period<br>2500.00<br>Political Contribution |
| Candidate Name<br><b>Sewell, Terri, A., Rep.,</b>   |  | <input type="checkbox"/> Memo Item   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: AL District: 07  | Category/Type<br>011   |  |

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Wyden For Senate</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022   |
| Mailing Address 232 Ne 9th Avenue                                     |   | FEC Identification Number<br>C00308676<br><b>Transaction ID : 47954387</b>   |
| City<br>Portland  | State<br>OR   | Zip Code<br>97232  |
| Purpose of Disbursement<br>Political Contribution                     | Category/Type<br>011  | Amount of Each Disbursement this Period<br>2500.00<br>Political Contribution   |
| Candidate Name<br><b>Wyden, Ron, , Sen.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: OR   | District:   | <input type="checkbox"/> Memo Item   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Wenstrup For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022   |
| Mailing Address PO Box 9551  |  | FEC Identification Number<br>C00497818<br><b>Transaction ID : 47954388</b>   |
| City<br>Cincinnati   | State<br>OH  | Zip Code<br>45209  |
| Purpose of Disbursement<br>Political Contribution                          | Category/Type<br>011   | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution   |
| Candidate Name<br><b>Wenstrup, Brad, , Rep.,</b>                           | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: OH  | District: 02   | <input type="checkbox"/> Memo Item   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cathy McMorris Rodgers For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022   |
| Mailing Address Box 137  |  | FEC Identification Number<br>C00390476<br><b>Transaction ID : 47954389</b>   |
| City<br>Spokane  | State<br>WA  | Zip Code<br>99210  |
| Purpose of Disbursement<br>Political Contribution  | Category/Type<br>011   | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution   |
| Candidate Name<br><b>McMorris Rodgers, Cathy, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: WA  | District: 05   | <input type="checkbox"/> Memo Item   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Lisa Blunt Rochester For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S. Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

**011**  
Category/  
Type

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

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2022

FEC Identification Number

**C** C00590778

**Transaction ID : 47954390**

Amount of Each Disbursement this Period

2000.00

Political Contribution

Memo Item

**B. Dwight Evans For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 415 New Jersey Ave SE  
Unit 1

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

**011**  
Category/  
Type

Candidate Name  
**Evans, Dwight, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
State: PA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2022

FEC Identification Number

**C** C00591065

**Transaction ID : 47954392**

Amount of Each Disbursement this Period

2000.00

Political Contribution

Memo Item

**C. Schneider For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement  
Political Contribution

**011**  
Category/  
Type

Candidate Name  
**Schneider, Bradley, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
State: IL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2022

FEC Identification Number

**C** C00495952

**Transaction ID : 47954395**

Amount of Each Disbursement this Period

2000.00

Political Contribution

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tim Scott For Senate</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address 1405 Ashley River Rd   |  | FEC Identification Number<br>C00540302<br><b>Transaction ID : 47954396</b>   |
| City<br>Charleston   | State<br>SC  | Zip Code<br>29407  |
| Purpose of Disbursement<br>Political Contribution  |  | Category/Type<br>011   |
| Candidate Name<br><b>Scott, Tim, , Sen.,</b>   |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: SC  | District:  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mark Pocan For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address PO Box 327   |  | FEC Identification Number<br>C00502179<br><b>Transaction ID : 47955105</b>   |
| City<br>Madison  | State<br>WI  | Zip Code<br>53701  |
| Purpose of Disbursement<br>Political Contribution  |  | Category/Type<br>011   |
| Candidate Name<br><b>Pocan, Mark, , Rep.,</b>  |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: WI  | District: 02   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Guthrie For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address PO Box 9639  |  | FEC Identification Number<br>C00445023<br><b>Transaction ID : 47955106</b>   |
| City<br>Bowling Green  | State<br>KY  | Zip Code<br>42102  |
| Purpose of Disbursement<br>Political Contribution  |  | Category/Type<br>011   |
| Candidate Name<br><b>Guthrie, Brett, , Rep.,</b>   |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: KY  | District: 02   |  |

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

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

|         |
|---------|
| 6000.00 |
|         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Don Bacon For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address P.O. Box 391368  |  | FEC Identification Number<br>C C00575167<br><b>Transaction ID : 47955108</b> |
| City<br>Omaha  | State<br>NE  | Zip Code<br>68139  |
| Purpose of Disbursement<br>Political Contribution  |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Candidate Name<br><b>Bacon, Donald, , Rep.,</b>  |  | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: NE District: 02   | Category/Type<br>011   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Curtis For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address 370 East South Temple, Suite 580   |  | FEC Identification Number<br>C C00647339<br><b>Transaction ID : 47955110</b> |
| City<br>Salt Lake City   | State<br>UT  | Zip Code<br>84111  |
| Purpose of Disbursement<br>Political Contribution  |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Candidate Name<br><b>Curtis, John, , Rep.,</b>   |  | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: UT District: 03   | Category/Type<br>011   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Barragan For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |
| Mailing Address 1840 South Gaffey Street #421  |  | FEC Identification Number<br>C C00577353<br><b>Transaction ID : 47955111</b> |
| City<br>San Pedro  | State<br>CA  | Zip Code<br>90731  |
| Purpose of Disbursement<br>Political Contribution  |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Candidate Name<br><b>Barragan, Nanette, , Rep.,</b>  |  | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: CA District: 44   | Category/Type<br>011   |  |

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

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

|         |
|---------|
| 6000.00 |
|         |



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Tony Cardenas For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 13    |   | 2022      |

Mailing Address PO Box 15320

FEC Identification Number

|   |           |
|---|-----------|
| C | C00498873 |
|---|-----------|

City Washington State DC Zip Code 20003

Transaction ID : 47955113

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Candidate Name

**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
State: CA District: 29

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Citizens For Boyle**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 13    |   | 2022      |

Mailing Address PO Box 11545

FEC Identification Number

|   |           |
|---|-----------|
| C | C00543363 |
|---|-----------|

City Philadelphia State PA Zip Code 19116

Transaction ID : 47955114

Purpose of Disbursement  
Political Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Candidate Name

**Boyle, Brendan, F., Rep.,**

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

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Larson For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 13    |   | 2022      |

Mailing Address PO Box 261172

FEC Identification Number

|   |           |
|---|-----------|
| C | C00330142 |
|---|-----------|

City Hartford State CT Zip Code 06126

Transaction ID : 47955115

Purpose of Disbursement  
Political Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Candidate Name

**Larson, John, B., Rep.,**

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

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

**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"/> 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)<br><b>A. Delbene For Congress</b>    |             | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022   |                          |
| Mailing Address PO Box 477   |             | FEC Identification Number<br>C C00459099<br><b>Transaction ID : 47955116</b><br>Amount of Each Disbursement this Period<br>1500.00<br>Political Contribution<br><input type="checkbox"/> Memo Item |                          |
| City<br>Kirkland   | State<br>WA | Zip Code<br>98083  | Category/<br>Type<br>011 |
| Purpose of Disbursement<br>Political Contribution                            |             | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                          |
| Candidate Name<br><b>DelBene, Suzan, , Rep.,</b>                             |             | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: WA District: 01  |                          |
| Full Name (Last, First, Middle Initial)<br><b>B. Boozman For Arkansas</b>    |             | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022   |                          |
| Mailing Address PO Box 671   |             | FEC Identification Number<br>C C00476317<br><b>Transaction ID : 47955117</b><br>Amount of Each Disbursement this Period<br>1500.00<br>Political Contribution<br><input type="checkbox"/> Memo Item |                          |
| City<br>Rogers   | State<br>AR | Zip Code<br>72757  | Category/<br>Type<br>011 |
| Purpose of Disbursement<br>Political Contribution                            |             | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                          |
| Candidate Name<br><b>Boozman, John, , Sen.,</b>                              |             | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: AR District:   |                          |
| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of Rosa DeLauro</b> |             | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022   |                          |
| Mailing Address 129 Church St, Ste 818                                       |             | FEC Identification Number<br>C C00238865<br><b>Transaction ID : 47955121</b><br>Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution<br><input type="checkbox"/> Memo Item |                          |
| City<br>New Haven  | State<br>CT | Zip Code<br>06510  | Category/<br>Type<br>011 |
| Purpose of Disbursement<br>Political Contribution                            |             | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                          |
| Candidate Name<br><b>DeLauro, Rosa, L., Rep.,</b>                            |             | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CT District: 03  |                          |
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶                 |             | 4000.00  |                          |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶            |             | [Empty Box]  |                          |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Himes For Congress**

Mailing Address 857 Post Road, #312

City  
Fairfield

State  
CT

Zip Code  
06824

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Himes, Jim, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C C00434191

**Transaction ID : 47955123**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott Peters For Congress**

Mailing Address PO Box 22074

City  
San Diego

State  
CA

Zip Code  
92192

Purpose of Disbursement  
political contribution

011

Category/  
Type

Candidate Name

**Peters, Scott, Harvey, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C C00503110

**Transaction ID : 47955124**

Amount of Each Disbursement this Period

1000.00

political contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Moore For Congress**

Mailing Address PO Box 16646

City  
Milwaukee

State  
WI

Zip Code  
53216

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Moore, Gwendolynne, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C C00397505

**Transaction ID : 47955127**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |  |  |
|--|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of David Schweikert</b> |  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |  |
| Mailing Address PO Box 15785   |  |  | FEC Identification Number<br>C00540617<br><b>Transaction ID : 47955129</b>   |  |
| City<br>Phoenix  | State<br>AZ  | Zip Code<br>85060  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |  |
| Purpose of Disbursement<br>Political Contribution                                |  | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |  |
| Candidate Name<br><b>Schweikert, David, , Rep.,</b>                              |  | Disbursement For: 2022   |  |  |
| Office Sought:   | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: AZ  | District: 06   |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chris Pappas For Congress</b> |  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |  |
| Mailing Address PO Box 313   |  |  | FEC Identification Number<br>C00660464<br><b>Transaction ID : 47955132</b>   |  |
| City<br>Manchester   | State<br>NH  | Zip Code<br>03105  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |  |
| Purpose of Disbursement<br>Political Contribution                              |  | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |  |
| Candidate Name<br><b>Pappas, Chris, , Rep.,</b>                                |  | Disbursement For: 2022   |  |  |
| Office Sought:   | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: NH  | District: 01   |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Schakowsky For Congress</b> |  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |  |
| Mailing Address P.O. Box 5130  |  |  | FEC Identification Number<br>C00327023<br><b>Transaction ID : 47955134</b>   |  |
| City<br>Evanston   | State<br>IL  | Zip Code<br>60204  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |  |
| Purpose of Disbursement<br>Political Contribution                            |  | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |  |
| Candidate Name<br><b>Schakowsky, Jan, D., Rep.,</b>                          |  | Disbursement For: 2022   |  |  |
| Office Sought:   | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: IL  | District: 09   |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |                   |  |  |
|--|--|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of Glenn Thompson</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |  |
| Mailing Address 400 N. Michael Street  |  |                   |  |  |
| City<br>St. Marys  | State<br>PA  | Zip Code<br>15857 | FEC Identification Number<br>C00444620<br><b>Transaction ID : 47956076</b>   |  |
| Purpose of Disbursement<br>Political Contribution  |  |                   | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |  |
| Candidate Name<br><b>Thompson, Glenn, , Rep.,</b>  |  |                   | Memo Item <input type="checkbox"/>   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |  |  |
| State: PA  | District: 15   |                   |  |  |

|  |  |                   |  |  |
|--|--|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jake Auchincloss For Congress</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |  |
| Mailing Address P.O. Box 600698  |  |                   |  |  |
| City<br>Newtonville  | State<br>MA  | Zip Code<br>02460 | FEC Identification Number<br>C00721449<br><b>Transaction ID : 47956078</b>   |  |
| Purpose of Disbursement<br>Political Contribution  |  |                   | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |  |
| Candidate Name<br><b>Auchincloss, Jacob, , Rep.,</b>   |  |                   | Memo Item <input type="checkbox"/>   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |  |  |
| State: MA  | District: 04   |                   |  |  |

|  |  |                   |  |  |
|--|--|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Johnson For Congress</b>  |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                     |  |
| Mailing Address PO Box 906   |  |                   |  |  |
| City<br>Marietta   | State<br>OH  | Zip Code<br>45750 | FEC Identification Number<br>C00476820<br><b>Transaction ID : 47956080</b>   |  |
| Purpose of Disbursement<br>Political Contribution  |  |                   | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |  |
| Candidate Name<br><b>Johnson, Bill, , Rep.,</b>  |  |                   | Memo Item <input type="checkbox"/>   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |  |  |
| State: OH  | District: 06   |                   |  |  |

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |  |                          |  |
|--|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David Scott For Congress</b>  |  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022 |                          |  |
| Mailing Address P.O. Box 960821  |  |  |  |                          |  |
| City<br>Riverdale  |  | State<br>GA  | Zip Code<br>30296  |                          |  |
| Purpose of Disbursement<br>Political Contribution  |  |  |  | Category/<br>Type<br>011 |  |
| Candidate Name<br><b>Scott, David, Albert, Rep.,</b>   |  |  |  |                          |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |                          |  |
| State: GA District: 13   |  | FEC Identification Number<br>C C00369801<br><b>Transaction ID : 47956081</b><br>Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution<br><input type="checkbox"/> Memo Item |  |                          |  |

|  |  |  |  |                          |  |
|--|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robin Kelly For Congress</b>  |  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022 |                          |  |
| Mailing Address 413 New Jersey Ave SE  |  |  |  |                          |  |
| City<br>Washington   |  | State<br>DC  | Zip Code<br>20003  |                          |  |
| Purpose of Disbursement<br>Political Contribution  |  |  |  | Category/<br>Type<br>011 |  |
| Candidate Name<br><b>Kelly, Robin, , Rep.,</b>   |  |  |  |                          |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |                          |  |
| State: IL District: 02   |  | FEC Identification Number<br>C C00539866<br><b>Transaction ID : 47956082</b><br>Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution<br><input type="checkbox"/> Memo Item |  |                          |  |

|  |  |  |  |                          |  |
|--|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kay Granger Campaign Fund</b>   |  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022 |                          |  |
| Mailing Address 2308 Mount Vernon Avenue #337  |  |  |  |                          |  |
| City<br>Alexandria   |  | State<br>VA  | Zip Code<br>22301  |                          |  |
| Purpose of Disbursement<br>Political Contribution  |  |  |  | Category/<br>Type<br>011 |  |
| Candidate Name<br><b>Granger, Kay, , Rep.,</b>   |  |  |  |                          |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |                          |  |
| State: TX District: 12   |  | FEC Identification Number<br>C C00310532<br><b>Transaction ID : 47956100</b><br>Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution<br><input type="checkbox"/> Memo Item |  |                          |  |

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

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

|         |
|---------|
| 4000.00 |
|         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Angie Craig For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2022                   |  |
| Mailing Address P.O. Box 22116  |  | FEC Identification Number<br>C00575209<br><b>Transaction ID : 47956105</b> |  |
| City<br>Eagan   | State<br>MN  | Zip Code<br>55122  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |
| Purpose of Disbursement<br>Political Contribution   |  | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Craig, Angela, Dawn, Rep.,</b>   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: MN District: 02  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pallone For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 15 / 2022                   |  |
| Mailing Address PO Box 3176   |  | FEC Identification Number<br>C00226928<br><b>Transaction ID : 47978224</b> |  |
| City<br>Long Branch   | State<br>NJ  | Zip Code<br>07740  | Amount of Each Disbursement this Period<br>1500.00<br>Political Contribution |
| Purpose of Disbursement<br>Political Contribution   |  | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Pallone, Frank, , Rep., Jr.</b>  |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: NJ District: 06  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr Kim Schrier For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                   |  |
| Mailing Address 3020 Issaquah Pine Lake Rd Se<br>Box 331  |  | FEC Identification Number<br>C00652628<br><b>Transaction ID : 47997826</b> |  |
| City<br>Sammamish   | State<br>WA  | Zip Code<br>98075  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Purpose of Disbursement<br>Political Contribution   |  | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |
| Candidate Name<br><b>Schrier, Kim, , Rep.,</b>  |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: WA District: 08  |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cartwright For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 414   |  | FEC Identification Number<br>C C00509968<br><b>Transaction ID : 47997827</b> |
| City<br>Scranton   | State<br>PA  | Zip Code<br>18501  |
| Purpose of Disbursement<br>Political Contribution  |  | Category/Type<br>011   |
| Candidate Name<br><b>Cartwright, Matt, A., Rep.,</b>   |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: PA  | District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cohen For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address 349 Kenilworth Place   |  | FEC Identification Number<br>C C00422980<br><b>Transaction ID : 47997829</b> |
| City<br>Memphis  | State<br>TN  | Zip Code<br>38112  |
| Purpose of Disbursement<br>Political Contribution  |  | Category/Type<br>011   |
| Candidate Name<br><b>Cohen, Stephen, , Rep.,</b>   |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: TN  | District: 09   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Schatz For Senate</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 3828  |  | FEC Identification Number<br>C C00540732<br><b>Transaction ID : 47997833</b> |
| City<br>Honolulu   | State<br>HI  | Zip Code<br>96812  |
| Purpose of Disbursement<br>Political Contribution  |  | Category/Type<br>011   |
| Candidate Name<br><b>Schatz, Brian, E., Sen.,</b>  |  | Amount of Each Disbursement this Period<br>2000.00<br>Political Contribution |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: HI  | District:  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Fitzpatrick For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 939  |  | FEC Identification Number<br>C C00607416<br><b>Transaction ID : 47997834</b> |
| City<br>Langhorne   | State<br>PA  | Zip Code<br>19047  |
| Purpose of Disbursement<br>Political Contribution   |  | Amount of Each Disbursement this Period<br>1500.00<br>Political Contribution |
| Candidate Name<br><b>Fitzpatrick, Brian, , Rep.,</b>  |  | <input type="checkbox"/> Memo Item   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: PA District: 01  | Category/Type<br>011   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. People For Patty Murray</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 3662   |  | FEC Identification Number<br>C C00257642<br><b>Transaction ID : 47997835</b> |
| City<br>Seattle   | State<br>WA  | Zip Code<br>98124  |
| Purpose of Disbursement<br>Political Contribution   |  | Amount of Each Disbursement this Period<br>1500.00<br>Political Contribution |
| Candidate Name<br><b>Murray, Patty, , Sen.,</b>   |  | <input type="checkbox"/> Memo Item   |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: WA District:   | Category/Type<br>011   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. People For Derek Kilmer</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 1381   |  | FEC Identification Number<br>C C00514893<br><b>Transaction ID : 47997837</b> |
| City<br>Tacoma  | State<br>WA  | Zip Code<br>98402  |
| Purpose of Disbursement<br>Political Contribution   |  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |
| Candidate Name<br><b>Kilmer, Derek, , Rep.,</b>   |  | <input type="checkbox"/> Memo Item   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: WA District: 06  | Category/Type<br>011   |  |

**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"/> 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)<br><b>A. Donald M Payne Jr For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 2406  |  | FEC Identification Number<br>C 000519355<br><b>Transaction ID : 47997840</b> |
| City<br>Newark   | State<br>NJ  | Zip Code<br>07114  |
| Purpose of Disbursement<br>Political Contribution  |  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |
| Candidate Name<br><b>Payne, Donald, , Rep., Jr.</b>  |  | Category/Type<br>011   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: NJ  | District: 10   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Elise For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address PO Box 500   |  | FEC Identification Number<br>C 000547893<br><b>Transaction ID : 47997843</b> |
| City<br>Glens Falls  | State<br>NY  | Zip Code<br>12801  |
| Purpose of Disbursement<br>Political Contribution  |  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |
| Candidate Name<br><b>Stefanik, Elise, , Rep.,</b>  |  | Category/Type<br>011   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: NY  | District: 21   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Haley Stevens For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 26 / 2022                     |
| Mailing Address 33717 Woodward Ave #539  |  | FEC Identification Number<br>C 000638650<br><b>Transaction ID : 47997852</b> |
| City<br>Birmingham   | State<br>MI  | Zip Code<br>48009  |
| Purpose of Disbursement<br>Political Contribution  |  | Amount of Each Disbursement this Period<br>1000.00<br>Political Contribution |
| Candidate Name<br><b>Stevens, Haley, , Rep.,</b>   |  | Category/Type<br>011   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: MI  | District: 11   |  |

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

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

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| 3000.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Garamendi For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2978

City: Fairfield State: CA Zip Code: 94533

Purpose of Disbursement: Political Contribution  
Candidate Name: **Garamendi, John, , Rep.,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: CA District: 03

Date of Disbursement: 09 / 26 / 2022

FEC Identification Number: **C00462697**  
**Transaction ID : 47997855**  
Amount of Each Disbursement this Period: 1000.00  
Political Contribution  
 Memo Item

**B. Sharice For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 13851 W. 63rd St. Num 303

City: Shawnee State: KS Zip Code: 66216

Purpose of Disbursement: Political Contribution  
Candidate Name: **Davids, Sharice, , Rep.,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: KS District: 03

Date of Disbursement: 09 / 26 / 2022

FEC Identification Number: **C00670034**  
**Transaction ID : 47997860**  
Amount of Each Disbursement this Period: 1000.00  
Political Contribution  
 Memo Item

**C. Clarke For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 111-36 200th. Street

City: Hollis State: NY Zip Code: 11412

Purpose of Disbursement: Political Contribution  
Candidate Name: **Clarke, Yvette, D., Rep.,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: NY District: 09

Date of Disbursement: 09 / 26 / 2022

FEC Identification Number: **C00415331**  
**Transaction ID : 47997861**  
Amount of Each Disbursement this Period: 1000.00  
Political Contribution  
 Memo Item

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

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

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|---------|
| 3000.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Eye of the Tiger**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
Political Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 47997918**  
Amount of Each Disbursement this Period  
  
Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alex Mooney For Congress**

Mailing Address PO Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement  
Political Contribution

**011**  
Category/  
Type

Candidate Name  
**Mooney, Alex, , Rep.,**

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

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**C** C00629949  
**Transaction ID : 47997919**  
Amount of Each Disbursement this Period  
  
Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Greg Pence For Congress**

Mailing Address PO Box 275

City Taylorsville State IN Zip Code 47280

Purpose of Disbursement  
Political Contribution

**011**  
Category/  
Type

Candidate Name  
**Pence, Gregory, , Rep.,**

Office Sought:  House  Senate  President  
State: IN District: 06

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C** C00658401  
**Transaction ID : 47997920**  
Amount of Each Disbursement this Period  
  
Political Contribution

Memo Item

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

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