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Image# 201604019012215771

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Auth	horized Committee	Office I	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
American Academy o	f Neurology BrainPAC	: 		
		<u> </u>		
ADDRESS (number and street)	401 C St NE			
Check if different than previously reported. (ACC)	Washington		DC 2000	02
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	YA	STATE A	ZIP CODE ▲
C C00435933		S THIS NEW (N) OR	X AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Report Due On: Mar Apr :	20 (M2) May 20 (M5 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7) Primary (12P)		(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report ((Q3)	Convention (12C)	Special (12S)	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	01 01 2016	through 01		016
•	•	my knowledge and belief it is t	rue, correct and comple	ete.
Type or Print Name of Treasur	er Mr. Timothy J. Engel			
Signature of Treasurer Mr.	Timothy J. Engel	[Electronically Filed]	Date 04 0	2016
NOTE: Submission of false, erro	neous, or incomplete information	n may subject the person signing	this Report to the penal	lties of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC 01 01 2016 01 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 147260.14 January 1, 2016 (b) Cash on Hand at 147260.14 Beginning of Reporting Period..... 37152.83 37152.83 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 184412.97 184412.97 6(a) and 6(c) for Column B)..... 71110.00 71110.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 113302.97 113302.97 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B	
<u> </u>	Iotal Inis Period	Calendar Year-to-Date	
	22331.16	22331.16	
(i) itemized (use Schedule A)	7		
(ii) Unitemized	14821.67	14821.67	
	37152.83	37152.83	
(4)() (4)			
Political Party Committees	0.00	0.00	
Other Political Committees			
(such as PACs)	0.00	0.00	
Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry		07450.00	
Totals to Line 33, page 5)▶	37152.83	37152.83	
rty Committees	0.00	0.00	
	0.00	0.00	
Loans Received	0.00	0.00	
To the second se	0.00	0.00	
· · · · · · · · · · · · · · · · · · ·	0.00		
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
·	0.00	0.00	
The state of the s	0.00	0.00	
	0.00	0.00	
(3.55	0.00	
Lovin Fundo (from Cohodulo 115)	0.00	0.00	
Leviii Furias (irorn Scheaule H5)	0.00	0.00	
Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Total Transfers (add To(a) and To(b))	0.00	0.00	
a il	Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
2.	Transfers to Affiliated/Other Party	0.00	
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	71000.00	71000.00
	Independent Expenditures	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	110.00	110.00
	(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))▶	110.00	110.00
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	i	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	Total Disbursements (add Lines 21(c), 22,		74440.00
,	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	71110.00	71110.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	74440.00	
	from Line 31)	71110.00	71110.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	37152.83	37152.83
4. Total Contribution Refunds (from Line 28(d))	110.00	110.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37042.83	37042.83
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA

Transaction ID:

Amended to remove one \$150 contribution that was incorrectly included in this PAC's fundraising totals for the period of January 1-31, 2016.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Academy of Neurology I	BrainPAC	
Name of Employer Geisinger Health system Receipt For: Primary Other (specify) ▼ Other Specify) ▼	State Zip Code PA 17822-9800 C ccupation hysician ggregate Year-to-Date 1000.00	Date of Receipt O1
Name of Employer University of Florida Page int For:	State Zip Code FL 33548-4820 C ccupation nysician ggregate Year-to-Date ▼ 250.00	Date of Receipt O1
Name of Employer Children's Hospital and Med. Center of Page 1 For:	State Zip Code OH 44087-3808 C ccupation hysician ggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1512.50
TOTAL This Period (last page this line number only	y)	

FOR LINE NUMBER: (check only one) PAGE 8 OF 20 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Elaine C. Jones Mailing Address 212 Bay Spring Ave City Barrington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code RI 02806-1332 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt O1 O1 2016 Transaction ID: 38927873 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Mr. David A. Evans Mailing Address 2990 Blackburn St	State Zip Code TX 75204-3114 C Occupation COO Aggregate Year-to-Date ▼ 2500.00	Date of Receipt O1
Full Name (Last, First, Middle Initial) Dr. Georges A. Ghacibeh Mailing Address 47 Birch St City Englewood Cliffs FEC ID number of contributing federal political committee. Name of Employer Progressive Neurology Receipt For: Primary General Other (specify)	State Zip Code NJ 07632-1519 C Occupation Neurologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt O1
SUBTOTAL of Receipts This Page (optional)		3300.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	9	OF	20
Use separate schedule(s)	(che	ck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16	Γ	\Box_{17}

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

American Academy of Neurolo	ogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Jon M. Gustafson		Date of Receipt
Mailing Address 7009 Naples Way		01 12 2016
City	State Zip Code	Transaction ID: 38962548
Fort Smith	AR 72916-8701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Sparks Health System	Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James C. Stevens Mailing Address 12112 Aboite Center Rd		Date of Receipt
Walling Address 12112 Abolte Center Rd		01 13 _ 2016 _
City	State Zip Code	Transaction ID : 38962558
Fort Wayne	IN 46814-9528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer Allied Physicians, Inc.	Occupation Physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	209.00	
Full Name (Last, First, Middle Initial) Dr. Todd J. Janus		Date of Receipt
Mailing Address 4008 Muskogee Avenue		01 16 2016
City	State Zip Code	Transaction ID: 38972396
Des Moines	IA 50312-4627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
UnityPoint Health Physicians	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	•	2209.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 10 OF 20 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Date of Receipt Mailing Address 34 Stonybrook Road 2016 City State Zip Code Transaction ID: 39008936 Tenafly NJ 07670-1118 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Memo Item Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.66 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Amy E. Sanders Date of Receipt Mailing Address 4588 Cascades Drive 01 09 2016 City State Zip Code Transaction ID: 39020670 NY Manlius 13104-2369 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation **Mmc Medical Center** Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. James N. Goldenberg Date of Receipt Mailing Address 610 N Lakeside Dr 01 23 2016 City State Zip Code Transaction ID: 39023487 FL Lake Worth 33460-3121 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer Occupation MSPB Neurology Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3416.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 20 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Mr. Rod Larson Date of Receipt Mailing Address 4550 Minnetonka Boulevard Unit 109 2016 City Zip Code State Transaction ID: 39023489 MN Minneapolis 55416-5415 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Chief Health Policy Officer American Academy of Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Pushpa Narayanaswami Date of Receipt Mailing Address 506 Clinton Road 01 24 2016 City State Zip Code Transaction ID: 39023522 MA Chestnut Hill 02467-1419 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Beth Israel Deaconess Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. Gil I. Wolfe Date of Receipt Mailing Address 217 Lakefront Blvd. 01 24 2016 City Zip Code State Transaction ID: 39023524 NY Buffalo 14202-4314 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Univ. at Buffalo/Suny Neurologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
St. Joseph's Hospital & Medical Center Receipt For: Primary General Other (specify)	State Zip Code AZ 85018-4724 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / 24 2016 Transaction ID: 39023530 Amount of Each Receipt this Period 500.00 Memo Item
Boston University School of Medicine	State Zip Code NY 10016-2768 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt O1 24 2016 Transaction ID: 39023542 Amount of Each Receipt this Period 209.00 Memo Item
UPP Department of Neurology-Shadyside	State Zip Code PA 15208-2639 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt O1 27 2016 Transaction ID: 39032317 Amount of Each Receipt this Period 5000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		5709.00
TOTAL This Period (last page this line number on	ıly)	

FOR LINE NUMBER: PAGE 13 OF 20 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Samuels Date of Receipt Mailing Address 501 SE 2nd St #1302 2016 23 City State Zip Code Transaction ID: 39032322 FL 33301-3682 Fort Lauderdale Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis Date of Receipt Mailing Address 1725 W Harrison St Ste 1106 01 28 2016 City State Zip Code Transaction ID: 39050297 IL Chicago 60612-3845 Amount of Each Receipt this Period FEC ID number of contributing 209.00 federal political committee. Memo Item Name of Employer Occupation Rush Univ. Med. Ctr. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 209,00 Full Name (Last, First, Middle Initial) c. Dr. Lily Jung Henson Date of Receipt Mailing Address 4785 Kitty Hawk Drive 01 28 2016 City State Zip Code Transaction ID: 39050298 GA Atlanta 30342-2506 Amount of Each Receipt this Period FEC ID number of contributing С 416.66 federal political committee. Memo Item Name of Employer Occupation Piedmont Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.66 Other (specify) 875.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 20 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Glen R. Finney Date of Receipt Mailing Address 828 Homestead Dr 30 2016 City Zip Code State Transaction ID: 39052241 PΑ Dallas 18612-7227 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Memo Item Name of Employer Occupation Geisinger Behavioral Neurology Receipt For: Aggregate Year-to-Date ▼ Primary General 208.34 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard A. Lafrance Date of Receipt Mailing Address 2392 NW Hummingbird Dr. 01 31 2016 City State Zip Code Transaction ID: 39052289 OR Corvallis 97330-2278 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Corvalis Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) c. Dr. Patrick M. Capone Date of Receipt Mailing Address 125A Medical Cir 2016 01 31 City Zip Code State Transaction ID: 39052307 Winchester VA 22601-3322 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Physician Winchester Neurological Consultants, I Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2208.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF

Detailed Summary Page	EMIZED RECEIPTS	Use separate schedule(s)	(check only one)
y information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commendation proposes, other than using the name and address of any pollical committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Mailing Address S8 Morton Street City State Zip Code The Code of State Sing Code May C2494-1204 FEC ID number of contributing federal political committee. City State Zip Code BUMC Dept. of Neurology Physician Full Name (Last, First, Middle Initial) Dr. David D Brown Mailing Address S02 Saint John Way City State Zip Code CA 92870-2320 FEC ID number of contributing federal political committee. City State Zip Code CA 92870-2320 FEC ID number of contributing federal political committee. City State Zip Code CA 92870-2320 Fet Name (Last, First, Middle Initial) Dr. William E. Lievens City State Zip Code CA 92870-2320 For In number of contributing federal political committee. City State Zip Code Cher (specify) ▼	LIVIIZED RECEIPTS	for each category of the Detailed Summary Page	
for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. Anna D. Hoffler City State Zip Code MA 02494-1204 Fec ID number of contributing federal political committee. City Primary General Other (specify) ▼ State Zip Code 1100.00 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: 39319948 Amount of Each Receipt this Period Date of Receipt Transaction ID: 39319948 Amount of Each Receipt this Period Date of Receipt Transaction ID: 39319948 Amount of Each Receipt this Period Fec ID number of contributing federal political committee. City State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00 Transaction ID: 39318949 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-100.00 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00 Amount of Each Receipt this Period Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00 Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00 Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name (Last, First, Middle Initial) Dr. Dr. Anna D. Hohler Malling Address 58 Monton Street City Name of Employer Pirmary Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Refund(s) on Schedule B Totaling \$100.00 This charges the YTD Total to \$-100.00 X Memo Item Receipt For: Aggregate Year-to-Date ▼ City Oner (specify) ▼ Aggregate Year-to-Date ▼ Pirmary Oner (specify) ▼ Aggregate Year-to-Date ▼ Refund(s) on Schedule B Totaling \$100.00 This charges the YTD Total to \$-100.00 X Memo Item Refund(s) on Schedule B Totaling \$10.00 This charges the YTD Total to \$-100.00 X Memo Item Refund(s) on Schedule B Totaling \$10.00 This charges the YTD Total to \$-10.00 X Memo Item Refund(s) on Schedule B Totaling \$10.00 This charges the YTD Total to \$-10.00 X Memo Item Refund(s) on Schedule B Totaling \$10.00 This charges the YTD Total to \$-10.00 X Memo Item Aggregate Year-to-Date ▼ Refund(s) on Schedule B Totaling \$10.00 This charges the YTD Total to \$-10.00 X Memo Item Aggregate Year-to-Date ▼ Refund(s) on Schedule B Totaling \$10.00 This charges the YTD Total to \$-10.00 X Memo Item			
Full Name (Last, First, Middle Initial) Dr. Anna D. Hohler Mailing Address 58 Morton Street City State Zip Code MA 02494-1204 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code 1100.00 Memo Item Date of Receipt Transaction ID: 39052807 Aggregate Year-to-Date ▼ Primary General City State Zip Code Transaction ID: 39052807 Date of Receipt this Period Date of Receipt this Period Transaction ID: 39052807 Date of Receipt this Period Date of Receipt this Period Date of Receipt this Period Transaction ID: 3918948 Amount of Each Receipt this Period Date of Receipt this P		Proin DAC	
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Full Name (Last, First, Middle Initial) A. National Republican Senatorial Cor Mailing Address Ronald Reagan Republican Center 425 2nd Street NE	nmittee		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Washington Purpose of Disbursement Party Committee Contribution	tate Zip Code DC 2000	011	Transaction ID : 39034246 Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) B. National Republican Congressiona Mailing Address 320 First Street SE	l Committee		Date of Disbursement M = M
City	tate Zip Code		Transaction ID : 39034247
Purpose of Disbursement National Party Contribution Candidate Name Office Sought: House Disbursem Senate	DC 20002 Hent For: Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 15000.00 Memo Item National Party Contribution
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American Academy of Neurology B	rainPAC			
Full Name (Last, First, Middle Initial)	.		Data of Dishaman	
A. Democratic Congressional Campai	gn Committee		Date of Disbursem	ent
Mailing Address 430 South Capitol St. SE 2nd Floor			01 27	2016
,	State Zip Code DC 20003		Transaction ID : 3	39034345
Washington Purpose of Disbursement	20003			
Party Organizaton Contribution		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disbursen	ant For	Туре		555.55
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State: District:				
Full Name (Last, First, Middle Initial)			5	
B. Democratic Senatorial Campaign C	Committee		Date of Disbursem	
Mailing Address 120 Maryland Ave. NE			01 27	2016
Washington	State Zip Code DC 20002		Transaction ID :	39034346
Purpose of Disbursement Party Organizaton Contribution		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type	Amount of Each bi	5000.00
	nent For: Primary General Other (specify) ▼	,	Memo Item Party Organizaton C	Contribution
State: District:				
Full Name (Last, First, Middle Initial) C. Blue Dog Political Action Committe	е		Date of Disburseme	_
Mailing Address 209 Pennsylvania Ave. SE			01 27	2016
	State Zip Code DC 20003		Transaction ID :	39034347
Purpose of Disbursement	DC 20003			
Party Organization Contribution Candidate Name		011 Category/	Amount of Each Di	sbursement this Period
Office Coursells		Type		5000.00
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American Academy of Neurology B	BrainPAC					
Full Name (Last, First, Middle Initial)			Data of Diaburaament			
A. NewDemPAC			Date of Disbursement			
Mailing Address 700 13 St. NW Suite 600			01 27 2016			
	State Zip Code DC 20005		Transaction ID: 39034348			
Washington Purpose of Disbursement	DC 20005					
Party Organization Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Office Sought: House Disbursen	nent For:	Туре	Memo Item			
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3. Mccollum For Congress			Date of Disbursement			
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Mailing Address P.O. Box 14131			01 27 2016			
,	State Zip Code MN 55114		Transaction ID: 39034349			
Purpose of Disbursement Campaign Contribution		044	Amount of Foot Picture and 1911 P.			
Candidate Name		011	Amount of Each Disbursement this Period			
Rep. Betty McCollum		Category/ Type	1000.00			
Office Sought: House Disbursen	nent For: 2016	· ·	Memo Item			
	Primary General Other (specify) ▼		Campaign Contribution			
State: MN District: 04	oner (specify)					
Full Name (Last, First, Middle Initial)						
C. Hudson For Congress			Date of Disbursement			
Mailing Address PO Box 5053			01 27 7 2016			
•	State Zip Code		Transaction ID : 39034354			
Concord Purpose of Disbursement	NC 28027		1741134041011 ID : 33004334			
Campaign Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Richard L. Hudson Jr. Office Sought: House Disbursen	nent For: 2016	Type	1000.00			
	Primary General		Memo Item Campaign Contribution			
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Renee Ellmers For Congress Committee Mailing Address PO Box 99567			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Tie Oade		01 27 2010		
,	State Zip Code NC 27624		Transaction ID: 39034355		
Purpose of Disbursement	27024				
Campaign Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
Rep. Renee Ellmers RN		Туре	2300.00		
Senate	nent For: 2016 Primary General Other (specify)		Memo Item Campaign Contribution		
State: NC District: 02					
Full Name (Last, First, Middle Initial)					
3. Volunteers For Shimkus			Date of Disbursement		
Mailing Address PO Box 661			01 27 2016		
Collinsville	State Zip Code IL 62234		Transaction ID: 39034356		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Rep. John M. Shimkus		Type	2500.00		
Senate	nent For: 2016 Primary General Other (specify)		Memo Item Campaign Contribution		
State: IL District: 15					
Full Name (Last, First, Middle Initial)	•		Data of Diaburcament		
Gene Green Congressional Campa	aign		Date of Disbursement		
Mailing Address PO Box 16128			01 27 2016		
City	State Zip Code		Transaction ID : 20024257		
	TX 77222		Transaction ID: 39034357		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	4000.00		
Rep. Gene Green		Туре	4000.00		
Senate	nent For: 2016 Primary General Other (specify)		Memo Item Campaign Contribution		
State: TX District: 29	,				
SUBTOTAL of Disbursements This Page (optional)			9000.00		
TOTAL This Period (last nage this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 OF 20			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used the and address of any political	by any perso	on for the purpose	of soliciting contributions	
NAME OF COMMITTEE (In Full) American Academy of Neurology E					
Full Name (Last, First, Middle Initial)			D		
A. Team Ryan			Date of Disbursement		
Mailing Address 320 First Street SE			01 27 2016		
Washington	State Zip Code DC 20003		Transaction ID	D : 39034361	
Purpose of Disbursement Campaign Contribution		011	Amount of Each	Disbursement this Period	
Candidate Name Category/			5000.00		
Office Sought: House Senate President Disburser	nent For: Primary General Other (specify)	Туре	Memo Item Campaign Contri	7	
State: District:					
Full Name (Last, First, Middle Initial) 3.			Date of Disburse		
Mailing Address			W - W / D		
City	State Zip Code				
Purpose of Disbursement			Account of Foots Bishows are set this Books I		
Candidate Name Cate Ty			Amount of Each Disbursement this Period		
	nent For: Primary General Other (specify)		Memo Item		
State: District: Full Name (Last, First, Middle Initial)					
c.		Date of Disbursement			
Mailing Address					
City	State Zip Code				
Purpose of Disbursement	1				
Candidate Name		Category/ Type		Disbursement this Period	
Office Sought: House Senate President State: Disburser	nent For: Primary General Other (specify)	77.	Memo Item		
CURTOTAL of Diskursers and This Board (and		I		5000.00	
SUBTOTAL of Disbursements This Page (optional)		·····			
TOTAL This Period (last page this line number only)			1	71000.00	