

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE

Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00435933

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 04 / 01 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="147260.14"/>	<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147260.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37152.83"/>	<input type="text" value="37152.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="184412.97"/>	<input type="text" value="184412.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71110.00"/>	<input type="text" value="71110.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113302.97"/>	<input type="text" value="113302.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22331.16	22331.16
(ii) Unitemized	14821.67	14821.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37152.83	37152.83
(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)	37152.83	37152.83
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))..... ▶	37152.83	37152.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37152.83	37152.83

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	71000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71110.00	71110.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37152.83	37152.83
34. Total Contribution Refunds (from Line 28(d))	110.00	110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37042.83	37042.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

**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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Edgar J. Kenton III
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N Academy Ave
 City Danville State PA Zip Code 17822-9800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Health system Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016
Transaction ID : 38927869
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Dr. Charles W. Brock
 Full Name (Last, First, Middle Initial)
 Mailing Address 17307 San Aringo Pl
 City Lutz State FL Zip Code 33548-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016
Transaction ID : 38927870
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016
Transaction ID : 38927872
 Amount of Each Receipt this Period
 262.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1512.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dr. Elaine C. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 212 Bay Spring Ave

City Barrington State RI Zip Code 02806-1332

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016
Transaction ID : 38927873

Amount of Each Receipt this Period 500.00

Memo Item

B. Mr. David A. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 2990 Blackburn St Apt. 1104

City Dallas State TX Zip Code 75204-3114

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

Name of Employer Texas Neurology Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 05 / 2016
Transaction ID : 38937267

Amount of Each Receipt this Period 2500.00

Memo Item

c. Dr. Georges A. Ghacibeh
Full Name (Last, First, Middle Initial)

Mailing Address 47 Birch St

City Englewood Cliffs State NJ Zip Code 07632-1519

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

Name of Employer Progressive Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 06 / 2016
Transaction ID : 38943864

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jon M. Gustafson
Full Name (Last, First, Middle Initial)

Mailing Address 7009 Naples Way

City Fort Smith State AR Zip Code 72916-8701

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

Name of Employer Sparks Health System Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2016
Transaction ID : 38962548

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 12112 Aboite Center Rd

City Fort Wayne State IN Zip Code 46814-9528

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

Name of Employer Allied Physicians, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : 38962558

Amount of Each Receipt this Period
 209.00

Memo Item

C. Dr. Todd J. Janus
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Muskogee Avenue

City Des Moines State IA Zip Code 50312-4627

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

Name of Employer UnityPoint Health Physicians Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2016
Transaction ID : 38972396

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2209.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 19 / 2016
Transaction ID : 39008936

Amount of Each Receipt this Period 416.66

Memo Item

B. Dr. Amy E. Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius State NY Zip Code 13104-2369

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

Name of Employer Mmc Medical Center Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2016
Transaction ID : 39020670

Amount of Each Receipt this Period 500.00

Memo Item

C. Dr. James N. Goldenberg
Full Name (Last, First, Middle Initial)

Mailing Address 610 N Lakeside Dr

City Lake Worth State FL Zip Code 33460-3121

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

Name of Employer MSPB Neurology Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 23 / 2016
Transaction ID : 39023487

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3416.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<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. Mr. Rod Larson
Full Name (Last, First, Middle Initial)
Mailing Address 4550 Minnetonka Boulevard Unit 109

City Minneapolis	State MN	Zip Code 55416-5415
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Academy of Neurology	Occupation Chief Health Policy Officer
---	---

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
01	/	23	/	2016

Transaction ID : 39023489

Amount of Each Receipt this Period
1000.00

Memo Item

B. Dr. Pushpa Narayanaswami
Full Name (Last, First, Middle Initial)
Mailing Address 506 Clinton Road

City Chestnut Hill	State MA	Zip Code 02467-1419
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FEC ID number of contributing federal political committee. **C**

Name of Employer Beth Israel Deaconess Medical Center	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2016

Transaction ID : 39023522

Amount of Each Receipt this Period
500.00

Memo Item

C. Dr. Gil I. Wolfe
Full Name (Last, First, Middle Initial)
Mailing Address 217 Lakefront Blvd.

City Buffalo	State NY	Zip Code 14202-4314
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FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. at Buffalo/Suny	Occupation Neurologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2016

Transaction ID : 39023524

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Javier Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 4135 N. 33rd St.
City Phoenix State AZ Zip Code 85018-4724
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Joseph's Hospital & Medical Center Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 24 / 2016**
Transaction ID : 39023530
Amount of Each Receipt this Period **500.00**
 Memo Item

B. Dr. Janice F. Wiesman
Full Name (Last, First, Middle Initial)
Mailing Address 330 E 38th Street Apt 14D
City New York State NY Zip Code 10016-2768
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston University School of Medicine Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **209.00**

Date of Receipt **01 / 24 / 2016**
Transaction ID : 39023542
Amount of Each Receipt this Period **209.00**
 Memo Item

C. Dr. Neil A. Busis
Full Name (Last, First, Middle Initial)
Mailing Address 6934 Rosewood St
City Pittsburgh State PA Zip Code 15208-2639
FEC ID number of contributing federal political committee. **C**
Name of Employer UPP Department of Neurology-Shadyside Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 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 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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Jeffrey A. Samuels
Full Name (Last, First, Middle Initial)

Mailing Address 501 SE 2nd St #1302
City Fort Lauderdale State FL Zip Code 33301-3682

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2016
Transaction ID : 39032322

Amount of Each Receipt this Period 250.00

Memo Item

B. Dr. Steven L. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106
City Chicago State IL Zip Code 60612-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 28 / 2016
Transaction ID : 39050297

Amount of Each Receipt this Period 209.00

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive
City Atlanta State GA Zip Code 30342-2506

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 28 / 2016
Transaction ID : 39050298

Amount of Each Receipt this Period 416.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 828 Homestead Dr

City Dallas State PA Zip Code 18612-7227

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

Name of Employer Geisinger Occupation Behavioral Neurology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 30 / 2016
Transaction ID : 39052241

Amount of Each Receipt this Period 208.34

Memo Item

B. Dr. Richard A. Lafrance
Full Name (Last, First, Middle Initial)

Mailing Address 2392 NW Hummingbird Dr.

City Corvallis State OR Zip Code 97330-2278

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

Name of Employer Corvallis Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2016
Transaction ID : 39052289

Amount of Each Receipt this Period 1000.00

Memo Item

C. Dr. Patrick M. Capone
Full Name (Last, First, Middle Initial)

Mailing Address 125A Medical Cir

City Winchester State VA Zip Code 22601-3322

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

Name of Employer Winchester Neurological Consultants, I Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2016
Transaction ID : 39052307

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2208.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Anna D. Hohler
Full Name (Last, First, Middle Initial)

Mailing Address 58 Morton Street

City State Zip Code
Needham Heights MA 02494-1204

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

Name of Employer Occupation
BUMC Dept. of Neurology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2016
Transaction ID : 39052807

Amount of Each Receipt this Period
1100.00

Memo Item

B. Dr. David D. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 502 Saint John Way

City State Zip Code
Placentia CA 92870-2320

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-100.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2016
Transaction ID : 39318948

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00

C. Dr. William E. Lievens
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Midfield Drive

City State Zip Code
Montgomery AL 36111-1529

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

Name of Employer Occupation
UAB Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-10.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2016
Transaction ID : 39318949

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	22331.16

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street NE

City Washington State DC Zip Code 2000

Purpose of Disbursement
Party Committee Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034246

Amount of Each Disbursement this Period

15000.00

Memo Item
Party Committee Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
National Party Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034247

Amount of Each Disbursement this Period

15000.00

Memo Item
National Party Contribution

Full Name (Last, First, Middle Initial)

C. Republican Main Street PAC

Mailing Address 325 7th Street, NW
Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement
Party Organization contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034248

Amount of Each Disbursement this Period

5000.00

Memo Item
Party Organization contribution

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

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

35000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St. SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Party Organizaton Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034345

Amount of Each Disbursement this Period

5000.00

Memo Item
Party Organizaton Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Party Organizaton Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034346

Amount of Each Disbursement this Period

5000.00

Memo Item
Party Organizaton Contribution

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Committee

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Party Organization Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034347

Amount of Each Disbursement this Period

5000.00

Memo Item
Party Organization Contribution

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. NewDemPAC

Mailing Address 700 13 St. NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Party Organization Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034348

Amount of Each Disbursement this Period

5000.00

Memo Item
Party Organization Contribution

Full Name (Last, First, Middle Initial)

B. Mccollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Betty McCollum

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034349

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Richard L. Hudson Jr.

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034354

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Renee Ellmers RN

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034355

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034356

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
Rep. Gene Green

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2016

Transaction ID : 39034357

Amount of Each Disbursement this Period

4000.00

Memo Item
Campaign Contribution

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Team Ryan

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 39034361

Amount of Each Disbursement this Period

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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