

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 / 01 / 2019 through 06 / 30 / 2019

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

Signature of Treasurer Engel, Timothy J., , Mr., [Electronically Filed] Date 07 / 19 / 2019

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="225164.49"/>	<input type="text" value="225164.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="294085.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8700.84"/>	<input type="text" value="185071.52"/>
(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="302786.03"/>	<input type="text" value="410236.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37000.00"/>	<input type="text" value="144449.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="265786.03"/>	<input type="text" value="265786.03"/>
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. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

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).....	6535.34	133540.02
(ii) Unitemized	2165.50	51531.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8700.84	185071.52
(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)	8700.84	185071.52
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)).....▶	8700.84	185071.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8700.84	185071.52

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.....	37000.00	143000.00
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	1449.98
(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	1449.98
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)) ..	37000.00	144449.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	144449.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8700.84	185071.52
34. Total Contribution Refunds (from Line 28(d))	0.00	1449.98
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8700.84	183621.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Eliashiv, Dawn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 South Stanley Drive
 City Beverly Hills State CA Zip Code 90211-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2019
Transaction ID : 43543228
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 378.00

Date of Receipt 06 / 02 / 2019
Transaction ID : 43543255
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Marcos, Jorge, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 Country Club Prado
 City Coral Gables State FL Zip Code 33134-2189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Choice Neurology Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 02 / 2019
Transaction ID : 43543256
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
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 7 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Weathers, Allison, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8220 Woodberry Blvd
 City Chagrin Falls State OH Zip Code 44023-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2019
Transaction ID : 43543265
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Yochelson, Michael, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 W Roxboro Rd NE
 City Atlanta State GA Zip Code 30324-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shepherd Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2019
Transaction ID : 43543268
 Amount of Each Receipt this Period 84.00
 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 Blacklick State OH Zip Code 43004-8001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nationwide Children's Hospital and the Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2019
Transaction ID : 43548559
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 8 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. Vargas, Bert, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12749 Wolf Snare Dr.
 City Frisco State TX Zip Code 75035-7047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Southwestern Clini Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 06 / 2019
Transaction ID : 43568005
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Coni, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 B Culbertson Ave
 City Myrtle Beach State SC Zip Code 29577-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grand Strand Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 06 / 2019
Transaction ID : 43568010
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Tabby, David, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Spinghouse Lane
 City Merion Station State PA Zip Code 19066-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optimum Neurology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 06 / 2019
Transaction ID : 43568014
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.00
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 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. Zieman, Glynnis, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1858 W. Navarro Ave

City Mesa	State AZ	Zip Code 85202-7444
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Barrow Neurological Institute	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2019

Transaction ID : 43568472

Amount of Each Receipt this Period
42.00

Memo Item

B. Etienne, Mill, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Coe Farm Road

City Montebello	State NY	Zip Code 10901-2908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Charity Health System	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2019

Transaction ID : 43578467

Amount of Each Receipt this Period
84.00

Memo Item

C. 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
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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 ▼
1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2019

Transaction ID : 43578468

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	335.00
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 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Benish, Sarah, M., Dr.,		Date of Receipt MM / DD / YYYY 06 / 08 / 2019 Transaction ID : 43578470
Mailing Address 5949 Bradbury Court		Amount of Each Receipt this Period 250.00
City Inver Grove Heights	State MN	Zip Code 55076-1597
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University of Minnesota Physicians	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holtz, Steven, J., Dr.,		Date of Receipt MM / DD / YYYY 06 / 09 / 2019 Transaction ID : 43578571
Mailing Address 2009 Tampa Avenue		Amount of Each Receipt this Period 100.00
City Oakland	State CA	Zip Code 94611-2620
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milstein, Mark, , Dr.,		Date of Receipt MM / DD / YYYY 06 / 11 / 2019 Transaction ID : 43579982
Mailing Address 111 E 88th St Apt 4F		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10128-1158
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Montefiore Medical Center	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Commonwealth University	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2019

Transaction ID : 43596692

Amount of Each Receipt this Period

100.00

 Memo Item

B. Smith, Marsha, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 Shenandoah Court

City Portsmouth	State OH	Zip Code 45662-8660
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southern Ohio Medical Center	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2019

Transaction ID : 43596722

Amount of Each Receipt this Period

100.00

 Memo Item

C. Barkley, Gregory, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2890 Burlington St

City Ann Arbor	State MI	Zip Code 48105-1435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Hospital	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2019

Transaction ID : 43596723

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 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. 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 ▼ 504.00

Date of Receipt 06 / 17 / 2019
Transaction ID : 43596741
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Lee, Ikjae, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 Surrey Hill Ln
 City Vestavia State AL Zip Code 35243-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alabama Birmingham Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 17 / 2019
Transaction ID : 43596743
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 Rochester State MN Zip Code 55902-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 17 / 2019
Transaction ID : 43596745
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
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 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 Dallas	State PA	Zip Code 18612-7227
----------------	-------------	------------------------

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

Name of Employer (for Individual) Geisinger Specialty Clinic	Occupation (for Individual) Behavioral Neurology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2019

Transaction ID : 43613828

Amount of Each Receipt this Period
208.34

Memo Item

B. Jones, Lyell, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2055 Scenic View Lane SW

City Rochester	State MN	Zip Code 55902-2575
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2019

Transaction ID : 43613830

Amount of Each Receipt this Period
84.00

Memo Item

C. Barnes, J., Todd, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3924 Pimlico Drive

City Norman	State OK	Zip Code 73072-6521
----------------	-------------	------------------------

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

Name of Employer (for Individual) OU Department of Neurology	Occupation (for Individual) Business Administrator
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2019

Transaction ID : 43613831

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.34
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 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Absher, John, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Collins Creek Rd
 City Greenville State SC Zip Code 29607-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. SC SOM, Greenville Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 20 / 2019
Transaction ID : 43613835
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Ichord, Rebecca, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2320 Pine ST
 City Philadelphia State PA Zip Code 19103-6415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Perelman School of Medicine of the Uni Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 20 / 2019
Transaction ID : 43613840
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Anderson, Wayne, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Harrison St Apt 42A
 City San Francisco State CA Zip Code 94105-2797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2019
Transaction ID : 43614834
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 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. Koenig, Matthew, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Koko Head Ave

City Honolulu	State HI	Zip Code 96816-3234
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Queen's Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2019

Transaction ID : 43614837

Amount of Each Receipt this Period
125.00

Memo Item

B. Patton, Eddie, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 Solana Springs Drive

City Sugar Land	State TX	Zip Code 77479-5558
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mischer Neuroscience Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2019

Transaction ID : 43615712

Amount of Each Receipt this Period
45.00

Memo Item

C. Tornes, Leticia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6480 SW 49th St

City Miami	State FL	Zip Code 33155-6103
---------------	-------------	------------------------

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

Name of Employer (for Individual) University of Miami	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
626.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2019

Transaction ID : 43615714

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 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. Khan, Jaffar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 292 Riverford Way

City Lawrenceville	State GA	Zip Code 30043-6416
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Emory Healthcare	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2019

Transaction ID : 43615772

Amount of Each Receipt this Period
84.00

Memo Item

B. Cedarbaum, Jesse, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Old Barnabas Rd

City Woodbridge	State CT	Zip Code 06525-1923
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Biogen	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2019

Transaction ID : 43615773

Amount of Each Receipt this Period
60.00

Memo Item

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

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 (for Individual) UPP Department of Neurology-Shadyside	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1944.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2019

Transaction ID : 43615774

Amount of Each Receipt this Period
416.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 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. Gutierrez, Amparo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 W Church St
Apt #2016

City Orlando State FL Zip Code 32801-4920

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

Name of Employer (for Individual) Orlando Health Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2019
Transaction ID : 43615782

Amount of Each Receipt this Period 42.00

Memo Item

B. Bickel, Jennifer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 SW 22nd Street

City Blue Springs State MO Zip Code 64015-7617

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

Name of Employer (for Individual) Childrens Mercy Hospital Neurology Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2019
Transaction ID : 43615784

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 2323 Dunstan Rd

City Houston State TX Zip Code 77005-2613

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2019
Transaction ID : 43615875

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	227.00
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	<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. Perkins, Erik, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9930 Scripps Vista Way
Apt 151

City San Diego	State CA	Zip Code 92131-2765
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2019

Transaction ID : 43615876

Amount of Each Receipt this Period
84.00

Memo Item

B. Ghacibeh, Georges, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Progressive Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2019

Transaction ID : 43615879

Amount of Each Receipt this Period
42.00

Memo Item

C. Brashear, Allison, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest University	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2019

Transaction ID : 43616790

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	206.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 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. Gupta, Ajay, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14335 Blue Heron Chase

City Roanoke	State IN	Zip Code 46783-8600
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Allied Physicians, Inc	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2019

Transaction ID : 43616792

Amount of Each Receipt this Period
84.00

Memo Item

B. Antonio, Aileen, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 New Town Dr NE

City Grand Rapids	State MI	Zip Code 49525-3917
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2019

Transaction ID : 43616794

Amount of Each Receipt this Period
200.00

Memo Item

C. Coffman, Keith, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4119 W. 94th Terrace

City Prairie Village	State KS	Zip Code 66207-2713
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Children'S Mercy Hospitals and Clinics	Occupation (for Individual) Self
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2019

Transaction ID : 43616795

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 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. Davis, Anthony, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Phillips Road

City Pottsville	State AR	Zip Code 72858-8896
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Davis Neurology PLLC	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2019

Transaction ID : 43616796

Amount of Each Receipt this Period
100.00

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 Guilford	State CT	Zip Code 06437-1905
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2019

Transaction ID : 43616797

Amount of Each Receipt this Period
85.00

Memo Item

C. Ko, Melissa, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13039 Brighton Avenue

City Carmel	State IN	Zip Code 46032-9672
----------------	-------------	------------------------

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

Name of Employer (for Individual) Upstate Health Care Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2019

Transaction ID : 43616798

Amount of Each Receipt this Period
41.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 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. Sanders, Amy, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Wollmann Farms Road

City Burlington	State CT	Zip Code 06013-1625
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Ayer Neuroscience Institute	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2019

Transaction ID : 43616799

Amount of Each Receipt this Period
100.00

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2019

Transaction ID : 43619598

Amount of Each Receipt this Period
100.00

Memo Item

C. Beltran, Dario, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 Briarwood Ave Apt 303

City Midland	State TX	Zip Code 79707-2625
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Premiere Physicians	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2019

Transaction ID : 43619599

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 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. Cardenas, Javier, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Barrow Neurological Institute	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2019

Transaction ID : 43619600

Amount of Each Receipt this Period
42.00

Memo Item

B. Jozefowicz, Ralph, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 78 Lac Kine Drive

City Rochester	State NY	Zip Code 14618-5608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Rochester	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2019

Transaction ID : 43619601

Amount of Each Receipt this Period
250.00

Memo Item

C. Kopinski, Jason, , 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) Deputy Executive Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
546.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2019

Transaction ID : 43619603

Amount of Each Receipt this Period
91.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 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. Gao, Xiao-Ke, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Sheephill Road

City Riverside	State CT	Zip Code 06878-1121
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Eastern Comprehensive Medical Services	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2019

Transaction ID : 43619605

Amount of Each Receipt this Period
100.00

Memo Item

B. Prusinski, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Lansing Island

City Indian Harbour Beach	State FL	Zip Code 32937-5354
------------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2019

Transaction ID : 43619609

Amount of Each Receipt this Period
209.00

Memo Item

C. Sermersheim, Michael, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1253 Eagle Crest Dr

City Greenwood	State IN	Zip Code 46143-8325
-------------------	-------------	------------------------

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

Name of Employer (for Individual) JWM Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2019

Transaction ID : 43619610

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	393.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 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. Kissela, Brett, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Road

City Montgomery	State OH	Zip Code 45242-6311
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Cincinnati Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2019

Transaction ID : 43622311

Amount of Each Receipt this Period
209.00

Memo Item

B. Brandes, David, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Autumn Woods Drive

City Sweetwater	State TN	Zip Code 37874-6482
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hope Neurology	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2019

Transaction ID : 43622312

Amount of Each Receipt this Period
85.00

Memo Item

C. Platzer, Meril, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28404 Foothill Drive

City Agoura Hills	State CA	Zip Code 91301-2242
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Dr. Meril S. Platzer	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2019

Transaction ID : 43622316

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	394.00
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 25 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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 43627697

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 43627698

Amount of Each Receipt this Period
84.00

Memo Item

C. Gamaldo, Charlene, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7511 Morris Street

City Fulton	State MD	Zip Code 20759-2307
----------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins University	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 43627703

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
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 26 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. Cohen, Bruce, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Children's Hospital Medical Center of	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 43627704

Amount of Each Receipt this Period
225.00

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 43627706

Amount of Each Receipt this Period
100.00

Memo Item

C. Thornton, James, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14107 LAKE FOREST LN

City LOUISVILLE	State KY	Zip Code 40245-5214
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Baptist Medical Group	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 43627709

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	367.00
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 27 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Di Carlo-Garner, Rosanna, L., Dr.,

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 ▼
252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2019

Transaction ID : 43627710

Amount of Each Receipt this Period
42.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	6535.34

**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. Adrian Smith For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	9		

Mailing Address 1126 Avenue A
Ste 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

FEC Identification Number

C	C00412890
---	-----------

Transaction ID : 43567971

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Candidate Name

Smith, Adrian, , Rep.,

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

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. Friends Of Rosa DeLauro

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	9		

Mailing Address 129 Church St, Ste 818

City State Zip Code
New Haven CT 06510

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

FEC Identification Number

C	C00238865
---	-----------

Transaction ID : 43567972

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Candidate Name

DeLauro, Rosa, L., Rep.,

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

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. Collins For Senator

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	9		

Mailing Address PO Box 1096

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

FEC Identification Number

C	C00314575
---	-----------

Transaction ID : 43567973

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Candidate Name

Collins, Susan, M., Sen.,

Office Sought: House
 Senate
 President
State: ME District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

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

3000.00

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

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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. Nancy Pelosi For Congress		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address 700 13th Street, Nw Suite 600		FEC Identification Number C00213512 Transaction ID : 43567974
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Pelosi, Nancy, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 12	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Richard E Neal For Congress Committee		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address 76 Magnolia Terrace		FEC Identification Number C00226522 Transaction ID : 43567975
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Neal, Richard, E., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 01	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Jason Smith For Congress		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address PO Box 1324		FEC Identification Number C00541862 Transaction ID : 43567976
City Cape Girardeau	State MO	Zip Code 63702
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Smith, Jason, T., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 08	Category/Type 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. Bera For Congress		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address PO Box 582496		FEC Identification Number C00461061 Transaction ID : 43567977
City Elk Grove	State CA	Zip Code 95758
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Bera, Ami, , Rep., MD		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Mike Kelly For Congress		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address PO Box 476		FEC Identification Number C00474189 Transaction ID : 43567979
City Lyndora	State PA	Zip Code 16045
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Kelly, Mike, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 16	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Scott Peters For Congress		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address PO Box 22074		FEC Identification Number C00503110 Transaction ID : 43567980
City San Diego	State CA	Zip Code 92192
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Peters, Scott, Harvey, Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 52	<input type="checkbox"/> Memo Item	

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

4500.00

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)

A. Emmer For Congress

Mailing Address PO Box 998

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2019

FEC Identification Number

C00545749

Transaction ID : 43567981

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr.
Ste 103 Ae

City
Dearborn

State
MI

Zip Code
48124

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Dingell, Debbie, Insley, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify)

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2019

FEC Identification Number

C00558213

Transaction ID : 43567982

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Schneider For Congress

Mailing Address PO Box 1318

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2019

FEC Identification Number

C00495952

Transaction ID : 43567983

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

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)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Tonko, Paul, David, Rep.,

Office Sought: House Senate President
Disbursement For: 2015
 Primary General Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2019

FEC Identification Number

C00450049

Transaction ID : 43619248

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Walden, Greg, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2015
 Primary General Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2019

FEC Identification Number

C00333427

Transaction ID : 43619249

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Stephanie Murphy For Congress

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Murphy, Stephanie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2015
 Primary General Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2019

FEC Identification Number

C00620443

Transaction ID : 43619250

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

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) A. Kurt Schrader For Congress		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019
Mailing Address PO Box 3314		FEC Identification Number C00446906 Transaction ID : 43619251
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Schrader, Kurt, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 05	

Full Name (Last, First, Middle Initial) B. Dr. Raul Ruiz For Congress		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019
Mailing Address PO Box 3433		FEC Identification Number C00502575 Transaction ID : 43619252
City Palm Desert	State CA	Zip Code 92261
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Ruiz, Raul, , Rep., MD		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 36	

Full Name (Last, First, Middle Initial) C. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019
Mailing Address 901 Se Oak Street Suite 105		FEC Identification Number C00307314 Transaction ID : 43619253
City Portland	State OR	Zip Code 97214
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name Blumenauer, Earl, , Rep.,		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 03	

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

4500.00

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)

A. All for our Country

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Leadership fund contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C C00629212

Transaction ID : 43621798

Amount of Each Disbursement this Period

1000.00

Leadership fund contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement Campaign Contribution

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2015 Primary General Other (specify) ▼
 State: WA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C C00390476

Transaction ID : 43621799

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement Campaign Contribution

Candidate Name

Reed, Tom, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2015 Primary General Other (specify) ▼
 State: NY District: 23

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C C00464032

Transaction ID : 43621800

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

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) A. Morgan Griffith For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2019
Mailing Address PO Box 361		FEC Identification Number C 000477240 Transaction ID : 43621801
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 5000.00 Campaign Contribution
Candidate Name Griffith, Morgan, H., Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 09	

Full Name (Last, First, Middle Initial) B. Dr John Joyce For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2019
Mailing Address 1002 Logan Blvd Ste 114 #237		FEC Identification Number C 000674259 Transaction ID : 43621802
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Joyce, John, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 13	

Full Name (Last, First, Middle Initial) C. Hawkeye PAC		Date of Disbursement MM / DD / YYYY 06 / 26 / 2019
Mailing Address PO Box 7255		FEC Identification Number C Transaction ID : 43621913
City Des Moines	State IA	Zip Code 50309
Purpose of Disbursement Leadership fund contribution		Amount of Each Disbursement this Period 1000.00 Leadership fund contribution
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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"/> 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. Citizens For Boyle

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
Boyle, Brendan, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2015
 Primary General
 Other (specify) ▼
State: PA District: 02

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C C00543363

Transaction ID : 43621931

Amount of Each Disbursement this Period

2000.00

Campaign Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

37000.00