

**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="2018"/>	<input type="text" value="264505.25"/>	<input type="text" value="264505.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="196328.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14477.90"/>	<input type="text" value="285560.78"/>
(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="210806.03"/>	<input type="text" value="550066.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75500.00"/>	<input type="text" value="414760.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="135306.03"/>	<input type="text" value="135306.03"/>
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 09 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	11966.90	208582.60
(ii) Unitemized	2511.00	71478.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14477.90	280060.78
(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)	14477.90	280060.78
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	5500.00
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)).....▶	14477.90	285560.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14477.90	285560.78

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.....	75500.00	414500.00
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	260.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	260.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75500.00	414760.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75500.00	414760.00

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)	14477.90	280060.78
34. Total Contribution Refunds (from Line 28(d))	0.00	260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14477.90	279800.78
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 49
<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

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. Brandt, Derek, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 East West Hwy
Apt 114

City Silver Spring State MD Zip Code 20910-6288

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

Name of Employer (for Individual) American Academy of Neurology Occupation (for Individual) Congressional Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 42584351

Amount of Each Receipt this Period 37.50

Memo Item

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

Mailing Address 27 Water Street

City Rockland State ME Zip Code 04841-3524

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

Name of Employer (for Individual) DAVID L CAMENGA MD Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 42584352

Amount of Each Receipt this Period 125.00

Memo Item

C. 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 ▼ 750.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 42584353

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	412.50
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 7 OF 49
	<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. 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
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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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2018

Transaction ID : 42584396

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2018

Transaction ID : 42584398

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2022 Summit Avenue

City Saint Paul	State MN	Zip Code 55105-1460
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Minnesota Medical School	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
09		03		2018

Transaction ID : 42584400

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
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 49
<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 ▼
378.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2018

Transaction ID : 42584410

Amount of Each Receipt this Period

42.00

 Memo Item

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

Mailing Address 121 Nonset Path

City Acton	State MA	Zip Code 01720-3417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Massachusetts School of	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2018

Transaction ID : 42584413

Amount of Each Receipt this Period

25.00

 Memo Item

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

Mailing Address 2106 Kal Lane SW

City Rochester	State MN	Zip Code 55902-3475
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2018

Transaction ID : 42584414

Amount of Each Receipt this Period

25.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	92.00
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 49
<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. Ko, Melissa, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6009 Westcliffe Rd

City Jamesville	State NY	Zip Code 13078-9310
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Upstate Medical University	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
09		06		2018

Transaction ID : 42591655

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
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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 ▼
1881.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2018

Transaction ID : 42611284

Amount of Each Receipt this Period
209.00

Memo Item

C. Benish, Sarah, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5949 Bradbury Court

City Inver Grove Heights	State MN	Zip Code 55076-1597
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Minnesota Physicians	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
09		08		2018

Transaction ID : 42611286

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	759.00
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 49
	<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. 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)	Occupation (for Individual) Neurologist
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		08		2018

Transaction ID : 42611287

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2009 Tampa Avenue

City Oakland	State CA	Zip Code 94611-2620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		09		2018

Transaction ID : 42611297

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 20583 Trappe Rd

City Upperville	State VA	Zip Code 20184-3021
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		09		2018

Transaction ID : 42611317

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1184.00
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 49
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Johnson, Nicholas, Elwood, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4580 Marshall Run Circle
Apt 108

City: Glen Allen State: VA Zip Code: 23059-5901

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 15 / 2018
Transaction ID : 42633786

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

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

Name of Employer (for Individual): Southern Ohio Medical Center Occupation (for Individual): Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 16 / 2018
Transaction ID : 42633803

Amount of Each Receipt this Period: 100.00

Memo Item

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

Mailing Address 1685 Highland Ave 7th Fl
Neurology Dept

City: Madison State: WI Zip Code: 53705-2281

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

Name of Employer (for Individual): University of Wisconsin Occupation (for Individual): Neurologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼: 378.00

Date of Receipt: 09 / 16 / 2018
Transaction ID : 42633804

Amount of Each Receipt this Period: 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
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 49
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 16 / 2018
Transaction ID : 42633805
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kilgore, Shannon, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Doud Dr
 City Los Altos State CA Zip Code 94022-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Palo Alto HCS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 17 / 2018
Transaction ID : 42633824
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cascino, Terrence, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2931 Stone Park Dr NE
 City Rochester State MN Zip Code 55906-7722
 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 ▼ 756.00

Date of Receipt 09 / 17 / 2018
Transaction ID : 42633825
 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 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ 378.00

Date of Receipt 09 / 17 / 2018
Transaction ID : 42633826
 Amount of Each Receipt this Period 42.00
 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) Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2018
Transaction ID : 42633828
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Mintz, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Robin Lake Drive
 City Cherry Hill State NJ Zip Code 08003-2851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Center for Neurological and Neurod Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42636256
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
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 14 OF 49
	<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. Puglia, Joan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 Afra Drive

City West Boylston	State MA	Zip Code 01583-2132
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) UMass Memorial Medical Group - Neurolo	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
09		18		2018

Transaction ID : 42636904

Amount of Each Receipt this Period
500.00

Memo Item

B. 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 ▼
1875.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

Transaction ID : 42638728

Amount of Each Receipt this Period
208.34

Memo Item

C. 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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

Transaction ID : 42638729

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.34
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 49
	<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. 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
 09 / 20 / 2018

Transaction ID : 42638730

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 806 Timber Hill Road

City Highland Park	State IL	Zip Code 60035-5121
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lehigh Valley Health Network	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2018

Transaction ID : 42638732

Amount of Each Receipt this Period
209.00

Memo Item

C. 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 ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2018

Transaction ID : 42638736

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.00
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 49
<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. Henninger, Heidi, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 492 W Elm Street
 City Yarmouth State ME Zip Code 04096-8119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Maine Neurology Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 09 / 20 / 2018
Transaction ID : 42638737
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Clarke, Teryn, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Mariners Dr
 City Newport Beach State CA Zip Code 92660-4929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Clarke Neurology Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.00

Date of Receipt
 09 / 20 / 2018
Transaction ID : 42638740
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Merino, Rodrigo, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N 1691 S. Washington Rd
 City Chilton State WI Zip Code 53014-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Aspirus, Wausau, WI Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 09 / 20 / 2018
Transaction ID : 42638741
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 49
<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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

Transaction ID : 42638742

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 401 Harrison St
Apt 42A

City San Francisco	State CA	Zip Code 94105-2797
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 42651496

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 42651499

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 49
	<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. 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 ▼ 378.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 42651500
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Stevens, James, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Allied Physicians, Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2008.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 42651505
 Amount of Each Receipt this Period 209.00
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 42661374
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	296.00
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 49
	<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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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)	Occupation (for Individual) Neurologist
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2018
Transaction ID : 42661437

Amount of Each Receipt this Period
 84.00

Memo Item

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

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 (for Individual) Piedmont Healthcare, Inc.	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2018
Transaction ID : 42661438

Amount of Each Receipt this Period
 50.00

Memo Item

C. 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 ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2018
Transaction ID : 42661439

Amount of Each Receipt this Period
 60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	194.00
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 49
	<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. 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 ▼
2502.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : 42661440

Amount of Each Receipt this Period
278.00

Memo Item

B. 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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : 42661441

Amount of Each Receipt this Period
42.00

Memo Item

C. 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)	Occupation (for Individual) Neurologist
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : 42661447

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 49
<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. Kass, Joseph, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4903 Valerie

City Bellaire	State TX	Zip Code 77401-5707
------------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2018

Transaction ID : 42661454

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rush University Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
966.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018

Transaction ID : 42661486

Amount of Each Receipt this Period
105.00

Memo Item

C. 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 ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018

Transaction ID : 42661488

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	231.00
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 49
	<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. Genevieve, Mary, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1289 Manzanita Way

City San Luis Obispo	State CA	Zip Code 93401-7838
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Coast Neuro Medical Office, In	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42661492

Amount of Each Receipt this Period
84.00

Memo Item

B. 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 ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42661496

Amount of Each Receipt this Period
85.00

Memo Item

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

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 (for Individual) Institute of Neurological Care	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3750.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42661497

Amount of Each Receipt this Period
416.74

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.74
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 49
	<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. Cotugno, Bruce, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Springbrooke Dr
 City Venetia State PA Zip Code 15367-1054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adult Neurology Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42661590
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 720.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 42661836
 Amount of Each Receipt this Period 80.00
 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 ▼ 450.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 42661837
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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 49
	<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. McFarland, Nikolaus, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9416 SW 32nd Ln

City Gainesville	State FL	Zip Code 32608-7925
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : 42661838

Amount of Each Receipt this Period
21.00

Memo Item

B. Cha, Yoon-Hee, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4313 South Retana Avenue

City Broken Arrow	State OK	Zip Code 74011-1398
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Laureate Institute for Brain Research	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : 42661843

Amount of Each Receipt this Period
84.00

Memo Item

C. Sanders, Amy, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SUNY - Upstate Medical University	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : 42661844

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
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 49
	<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. Govindarajan, Raghav, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Knollwood CT

City Columbia	State MO	Zip Code 65203-6907
------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Missouri	Occupation (for Individual) Resident
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2018

Transaction ID : 42661847

Amount of Each Receipt this Period
112.00

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
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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 ▼
740.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2018

Transaction ID : 42662153

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)	Occupation (for Individual) Neurologist
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2018

Transaction ID : 42662154

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	272.00
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 49
<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. Richie, Bunnie, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26024 N Horseshoe Trail

City Scottsdale	State AZ	Zip Code 85255-1490
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Bunnie F. Richie, DO, PLC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42662156

Amount of Each Receipt this Period
84.00

Memo Item

B. 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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42662157

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 9220 Larsen Dr

City Overland Park	State KS	Zip Code 66214-2125
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Mercy Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42662160

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
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 49
	<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. 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 ▼ 728.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42662161
 Amount of Each Receipt this Period 91.00
 Memo Item

B. 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) Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42662163
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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) Www.Neuro-Speed.com Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1844.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42662169
 Amount of Each Receipt this Period 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	411.00
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 28 OF 49
	<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. 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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42662170

Amount of Each Receipt this Period
84.00

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
-------------------	-------------	------------------------

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42662171

Amount of Each Receipt this Period
250.00

Memo Item

C. Lowden, Max, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Scenic Ridge Drive

City Hummelstown	State PA	Zip Code 17036-6901
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn State Hershey Medical Center	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42662172

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 29 OF 49
<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. Wiesman, Janice, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018
Transaction ID : 42663367
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. 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) Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018
Transaction ID : 42663368
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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) Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018
Transaction ID : 42663369
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 30 OF 49
	<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. 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 ▼ 1881.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 42663372
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Schwarz, Heidi, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Gorham St
 City Canandaigua State NY Zip Code 14424-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) URMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42668447
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 840.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42668448
 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 31 OF 49
	<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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American Academy of Neurology BrainPAC

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

Mailing Address 136 Covey Chase

City Tuscaloosa	State AL	Zip Code 35406-1801
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668449

Amount of Each Receipt this Period
150.00

Memo Item

B. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668450

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 600 N. Wolfe Street
Meyer 6-113

City Baltimore	State MD	Zip Code 21287-0005
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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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668452

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	442.00
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 32 OF 49
	<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. Urion, David, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Pierce Hill Road

City Lincoln	State MA	Zip Code 01773-3201
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Children'S Hospital Boston	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668454

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
2025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668458

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 28 West National Blvd

City Ladys Island	State SC	Zip Code 29907-1768
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Specialists On Call	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3749.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668459

Amount of Each Receipt this Period
416.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	741.66
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 33 OF 49
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jung Henson, Lily, , Dr.,

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 (for Individual) Piedmont Henry Hospital	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3749.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42668460

Amount of Each Receipt this Period
416.66

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gaines, Kenneth, J., Dr.,

Mailing Address 209 Bay Poine Dr.

City Old Hickory	State TN	Zip Code 37138-1163
---------------------	-------------	------------------------

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

Name of Employer (for Individual)	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
09		21		2018

Transaction ID : 42687625

Amount of Each Receipt this Period
500.00

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.66
TOTAL This Period (last page this line number only).....	11966.90

**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. Denny Heck For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 235		FEC Identification Number C C00472159 Transaction ID : 42607137
City Olympia	State WA	Zip Code 98507
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 500.00 Campaign Contribution
Candidate Name Heck, Denny, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2017	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: WA	District: 10	

Full Name (Last, First, Middle Initial) B. Kansans For Marshall		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 1588		FEC Identification Number C C00576173 Transaction ID : 42607139
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Marshall, Roger, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2017	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: KS	District: 01	

Full Name (Last, First, Middle Initial) C. McKinley For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 642		FEC Identification Number C C00473132 Transaction ID : 42607140
City Morgantown	State WV	Zip Code 26507
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name McKinley, David, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2017	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: WV	District: 01	

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

2500.00

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

A. Roskam Victory Committee

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement Leadership PAC Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2018

FEC Identification Number: C

Transaction ID : 42607141

Amount of Each Disbursement this Period: 5000.00

Leadership PAC Contribution

Memo Item

B. Young For Iowa, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement Campaign Contribution

Candidate Name Young, David, , Rep.,

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: IA District: 03

Date of Disbursement: 09 / 07 / 2018

FEC Identification Number: C C00545616

Transaction ID : 42607147

Amount of Each Disbursement this Period: 1000.00

Campaign Contribution

Memo Item

C. Friends Of Ben McAdams

Full Name (Last, First, Middle Initial)

Mailing Address 2205 S 1000 E

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Campaign Contribution

Candidate Name McAdams, Ben, , ,

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: UT District: 04

Date of Disbursement: 09 / 07 / 2018

FEC Identification Number: C C00658633

Transaction ID : 42607156

Amount of Each Disbursement this Period: 2500.00

Campaign Contribution

Memo Item

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

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

8500.00

**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. Barbara Lee For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address 333 Hegenberger Rd, Ste 369		FEC Identification Number C C00331769 Transaction ID : 42607165
City Oakland	State CA	Zip Code 94621
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Lee, Barbara, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 13	

Full Name (Last, First, Middle Initial) B. Bennet For Colorado		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 3078		FEC Identification Number C C00458398 Transaction ID : 42607184
City Denver	State CO	Zip Code 80201
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Bennet, Michael, F., Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District:	

Full Name (Last, First, Middle Initial) C. Drew Ferguson For Congress Inc.		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 387		FEC Identification Number C C00607838 Transaction ID : 42607185
City West Point	State GA	Zip Code 31833
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Ferguson, A. Drew, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 03	

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. Billy Long For Congress		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address 3246 E Ridgeview St		FEC Identification Number C00460063 Transaction ID : 42607187 Amount of Each Disbursement this Period 500.00 Campaign Contribution
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Long, Billy, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 07	

Full Name (Last, First, Middle Initial) B. Pete Sessions For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 823047		FEC Identification Number C00303305 Transaction ID : 42638627 Amount of Each Disbursement this Period 2500.00 Campaign Contribution
City Dallas	State TX	Zip Code 75382
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Sessions, Pete, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 32	

Full Name (Last, First, Middle Initial) C. McCollum For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address P.O. Box 14131		FEC Identification Number C00354688 Transaction ID : 42638628 Amount of Each Disbursement this Period 2000.00 Campaign Contribution
City St. Paul	State MN	Zip Code 55114
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name McCollum, Betty, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 04	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
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. Texans For Henry Cuellar Congressional Campaign		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 1519 Washington Street Suite 200		FEC Identification Number C C00371302 Transaction ID : 42638629
City Laredo	State TX	Zip Code 78040
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Cuellar, Henry, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 28	

Full Name (Last, First, Middle Initial) B. Billy Long For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 3246 E Ridgeview St		FEC Identification Number C C00460063 Transaction ID : 42638666
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Candidate Name Long, Billy, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 07	

Full Name (Last, First, Middle Initial) C. Friends Of Sherrod Brown		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 15293		FEC Identification Number C C00264697 Transaction ID : 42638667
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Candidate Name Brown, Sherrod, , Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District:	

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. Stabenow For Us Senate		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address P.O. Box 4945		FEC Identification Number C00344473 Transaction ID : 42638668
City East Lansing	State MI	Zip Code 48826
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 500.00 Campaign Contribution
Candidate Name Stabenow, Debbie, , Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District:	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Matsui For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 1738		FEC Identification Number C00409219 Transaction ID : 42638670
City Sacramento	State CA	Zip Code 95812
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Matsui, Doris, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 06	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Doggett For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 5843		FEC Identification Number C00286500 Transaction ID : 42638671
City Austin	State TX	Zip Code 78763
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Doggett, Lloyd, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 35	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
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. Xochitl For New Mexico		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 2250		FEC Identification Number C00666149 Transaction ID : 42638673
City Las Cruces	State NM	Zip Code 88004
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Small Xochitl, Torres, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 02	Category/Type 011	

Full Name (Last, First, Middle Initial) B. People For Ben		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 31129		FEC Identification Number C00443689 Transaction ID : 42638676
City Santa Fe	State NM	Zip Code 87594
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Lujan, Ben, Ray, Rep., Jr.		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 03	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Judy Chu For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 16633 Ventura Blvd # 1008		FEC Identification Number C00458125 Transaction ID : 42638677
City Encino	State CA	Zip Code 91436
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Candidate Name Chu, Judy, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 27	Category/Type 011	

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. Clarke For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address 111-36 200th. Street		FEC Identification Number C 000415331 Transaction ID : 42638678	
City Hollis	State NY	Zip Code 11412	Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Clarke, Yvette, D., Rep.,		Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY	District: 09	

Full Name (Last, First, Middle Initial) B. Welch For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address PO Box 1682		FEC Identification Number C 000413179 Transaction ID : 42638679	
City Burlington	State VT	Zip Code 05402	Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Welch, Peter, , Rep.,		Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VT	District: 00	

Full Name (Last, First, Middle Initial) C. Friends Of Roy Blunt		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address PO Box 10178		FEC Identification Number C 000304758 Transaction ID : 42638680	
City Columbia	State MO	Zip Code 65205	Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Purpose of Disbursement Campaign Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Blunt, Roy, , Sen.,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
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. McCaskill For Missouri		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 300077		FEC Identification Number C C00431304 Transaction ID : 42638682
City St Louis	State MO	Zip Code 63130
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Candidate Name McCaskill, Claire, , Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District:		

Full Name (Last, First, Middle Initial) B. Butterfield For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 434 Fayetteville Street Suite 2020		FEC Identification Number C C00401190 Transaction ID : 42638683
City Raleigh	State NC	Zip Code 27601
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Butterfield, G. K., , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 01		

Full Name (Last, First, Middle Initial) C. Mark Takano For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 5214		FEC Identification Number C C00498667 Transaction ID : 42638684
City Riverside	State CA	Zip Code 92517
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Takano, Mark, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 41		

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

3500.00

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. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Murphy, Chris, Scott, Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2017

Primary General
 Other (specify) ▼

State: CT

District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00492645

Transaction ID : 42638685

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Leadership PAC 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
09 / 19 / 2018

FEC Identification Number

C

Transaction ID : 42638686

Amount of Each Disbursement this Period

2000.00

Leadership PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City
Bakersfield

State
CA

Zip Code
93389

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2017

Primary General
 Other (specify) ▼

State: CA

District: 23

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00420935

Transaction ID : 42638688

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

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

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

5500.00

**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. Dutch Ruppensberger For Congress Committee		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 231		FEC Identification Number C C00376673 Transaction ID : 42638689
City Lutherville	State MD	Zip Code 21094
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Ruppensberger, C.A., Dutch, Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 02		

Full Name (Last, First, Middle Initial) B. Bluegrass Committee		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 1941 Bishop Lane #200		FEC Identification Number C C00235655 Transaction ID : 42638690
City Louisville	State KY	Zip Code 40218
Purpose of Disbursement Leadership PAC Contribution		Amount of Each Disbursement this Period 2500.00 Leadership PAC Contribution
Candidate Name		<input type="checkbox"/> Memo Item
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kurt Schrader For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 3314		FEC Identification Number C C00446906 Transaction ID : 42638691
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Schrader, Kurt, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 05		

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. SHORE PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Leadership PAC 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
09 / 19 / 2018

FEC Identification Number

C []

Transaction ID : 42638692

Amount of Each Disbursement this Period

[] 5000.00

Leadership PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement Campaign Contribution

011

Category/Type

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00497818

Transaction ID : 42638693

Amount of Each Disbursement this Period

[] 1500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Campaign Contribution

011

Category/Type

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00226522

Transaction ID : 42638694

Amount of Each Disbursement this Period

[] 1500.00

Campaign Contribution

Memo Item

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

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

[] 8000.00

[]

**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. Diana Degette For Congress

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00311639

Transaction ID : 42638695

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Swalwell For Congress

Mailing Address P.O. Box 2847

City
Dublin

State
CA

Zip Code
94568

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Swalwell, Eric, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00502294

Transaction ID : 42638696

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Democrats Reshaping America

Mailing Address PO BOX 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Leadership PAC 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
09 / 19 / 2018

FEC Identification Number

C C00423079

Transaction ID : 42638697

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Memo Item

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

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

3500.00

**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. Jamie Raskin For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address P.O. Box 5418		FEC Identification Number C C00575126 Transaction ID : 42638698
City Takoma Park	State MD	Zip Code 20913
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Raskin, Jamie, B., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 08	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Walorski For Congress Inc		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address PO Box 954		FEC Identification Number C C00468579 Transaction ID : 42668703
City Mishawaka	State IN	Zip Code 46546
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 500.00 Campaign Contribution
Candidate Name Walorski, Jackie, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 02	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Friends Of David Schweikert		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 228 S Washington Street Ste 115		FEC Identification Number C C00540617 Transaction ID : 42668704
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Candidate Name Schweikert, David, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 06	Category/Type 011	

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Jeff Duncan For Congress

Mailing Address PO Box 845

City
Laurens

State
SC

Zip Code
29360

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Duncan, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C000460550

Transaction ID : 42668705

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City
Encino

State
CA

Zip Code
91436

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Chu, Judy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C000458125

Transaction ID : 42668706

Amount of Each Disbursement this Period

500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City
Albuquerque

State
NM

Zip Code
87125

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Heinrich, Martin, T., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C000434563

Transaction ID : 42668707

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

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

2500.00

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

A. David Scott For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement Campaign Contribution

Candidate Name **Scott, David, Albert, Rep.,**

Office Sought: House Senate President
State: GA District: 13

Disbursement For: 2017
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C 00369801
Transaction ID : 42668708

Amount of Each Disbursement this Period: 2000.00
Campaign Contribution

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	75500.00