

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2016 through 02 29 2016

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="113152.97"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25751.88"/>	<input type="text" value="62904.71"/>
(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="138904.85"/>	<input type="text" value="210164.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="78110.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131904.85"/>	<input type="text" value="132054.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18589.21	40920.37
(ii) Unitemized .....	6662.67	21484.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25251.88	62404.71
(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) .....	25251.88	62404.71
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.....	500.00	500.00
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))..... ▶	25751.88	62904.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25751.88	62904.71

**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.....	6000.00	77000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1110.00
(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)).....	1000.00	1110.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	78110.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	78110.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	25251.88	62404.71
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24251.88	61294.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Form/Schedule: F3XA

Transaction ID :

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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	

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. Dr. Edgar J. Kenton III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Academy Ave  
 City Danville State PA Zip Code 17822-9800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Health system Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 39054797**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Bruce H. Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Neille Lane  
 City Twinsburg State OH Zip Code 44087-3808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Hospital and Med. Center of Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 448.96

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 39054799**  
 Amount of Each Receipt this Period 186.46  
 Memo Item

**C. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Bay Spring Ave  
 City Barrington State RI Zip Code 02806-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 909.09

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 39054800**  
 Amount of Each Receipt this Period 409.09  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1595.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Orly Avitzur**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Old Sleepy Hollow Rd Extension

City Briarcliff State NY Zip Code 10510-2543

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2016  
**Transaction ID : 39062727**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Dr. Eric Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2152 Spring Creek Road

City Decatur State GA Zip Code 30033-2608

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

Name of Employer Self Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2016  
**Transaction ID : 39063075**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Dr. Nancy N. Futrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 7930 Majestic Drive

City Cottonwood Heights State UT Zip Code 84121-5789

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

Name of Employer Intermountain Stroke Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2016  
**Transaction ID : 39063141**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Marc R. Nuwer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Haverford Ave  
 City Pacific Palisades State CA Zip Code 90272-4313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCLA Dept. of Neurology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 39077423**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**B. Dr. John C. Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 South Hanley Rd, Unit # 50  
 City Clayton State MO Zip Code 63105-2695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington University School of Medici Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 39077444**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dr. Jennifer J. Majersik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1746 Yalecrest Ave  
 City Salt Lake City State UT Zip Code 84108-1840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Utah Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 39078010**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Joan Puglia**  
Full Name (Last, First, Middle Initial)

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 Self - Northwest Hills Neurology, P.C. Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 39084257**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 12112 Aboite Center Rd

City Fort Wayne State IN Zip Code 46814-9528

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

Name of Employer Allied Physicians, Inc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 02 / 13 / 2016  
**Transaction ID : 39084531**

Amount of Each Receipt this Period 209.00

Memo Item

**C. Dr. John M. O'Bannon III**  
Full Name (Last, First, Middle Initial)

Mailing Address 7301 Forest Ave Ste 300

City Richmond State VA Zip Code 23226-3792

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

Name of Employer Neurological Associates Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 39097385**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 709.00

**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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Nancy L. Mueller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Stonybrook Road  
 City State Zip Code  
 Tenafly NJ 07670-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 833.32

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : 39106484**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Dr. Dominic B. Fee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Griffith Court  
 City State Zip Code  
 Waukesha WI 53188-9570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical College of Wisconsin Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 02 / 20 / 2016  
**Transaction ID : 39108485**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dr. Todd J. Janus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Muskogee Avenue  
 City State Zip Code  
 Des Moines IA 50312-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnityPoint Health Physicians Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 02 / 21 / 2016  
**Transaction ID : 39108508**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2916.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robyn G. Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Sandpiper Place

City Alameda State CA Zip Code 94502-7419

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

Name of Employer Self Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 39136403**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Dr. Janice F. Wiesman**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38th Street Apt 14D

City New York State NY Zip Code 10016-2768

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

Name of Employer Boston University School of Medicine Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 39136438**

Amount of Each Receipt this Period 209.00

Memo Item

**C. Dr. Laszlo Mechtler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Spaulding Drive

City Clarence State NY Zip Code 14031-1558

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

Name of Employer Dent Neurologic Institute Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 39165095**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2209.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Laszlo Mechtler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Spaulding Drive

City State Zip Code  
Clarence NY 14031-1558

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

Name of Employer Occupation  
Dent Neurologic Institute Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2016  
**Transaction ID : 39165120**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B. Dr. David L. Camenga**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Glenwood Ave

City State Zip Code  
Augusta ME 04330-6906

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

Name of Employer Occupation  
Togus Veterans' Adm Med Ctr Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2016  
**Transaction ID : 39166532**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City State Zip Code  
Union ME 04862-4628

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

Name of Employer Occupation  
Penobscot Bay Medical Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2016  
**Transaction ID : 39166538**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1825.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 828 Homestead Dr

City Dallas State PA Zip Code 18612-7227

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

Name of Employer Geisinger Occupation Behavioral Neurology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **02 / 28 / 2016**

**Transaction ID : 39194671**

Amount of Each Receipt this Period **208.34**

Memo Item

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **02 / 28 / 2016**

**Transaction ID : 39194676**

Amount of Each Receipt this Period **209.00**

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

City Atlanta State GA Zip Code 30342-2506

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **02 / 28 / 2016**

**Transaction ID : 39194677**

Amount of Each Receipt this Period **416.66**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>834.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. David N. McCollum**  
Full Name (Last, First, Middle Initial)

Mailing Address 1267 Redfields Road

City Charlottesville State VA Zip Code 22903-7892

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

Name of Employer University of Virginia Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2016  
**Transaction ID : 39194682**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Dr. Laszlo Mechtler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Spaulding Drive

City Clarence State NY Zip Code 14031-1558

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

Name of Employer Dent Neurologic Institute Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 28 / 2016  
**Transaction ID : 39194684**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Dr. Mark Mintz**  
Full Name (Last, First, Middle Initial)

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 The Center of Neurological Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39195643**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Murtaza Amir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Bishop Walsh Road  
 City Cumberland State MD Zip Code 21502-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Janjua MD Neurology PA Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39195647**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Mark Mintz**  
 Full Name (Last, First, Middle Initial)  
 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 The Center of Neurological Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39195648**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Mark Mintz**  
 Full Name (Last, First, Middle Initial)  
 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 The Center of Neurological Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39195652**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 17 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Laszlo Mechtler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4785 Spaulding Drive  
City Clarence State NY Zip Code 14031-1558  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dent Neurologic Institute Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **02 / 28 / 2016**  
**Transaction ID : 39318951**  
Amount of Each Receipt this Period **0.00**  
 Memo Item  
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$2500.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>18589.21</b>

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

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

FOR LINE NUMBER: PAGE 18 OF 21  
(check only one)

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

**A. Mary Lawrence For Congress**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 21215

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00573063

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016  
**Transaction ID : 39072424**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kinzinger For Congress**

Mailing Address PO Box 2365

City State Zip Code  
Ottawa IL 61350

Purpose of Disbursement  
Void - Kinzinger For Congress

011

Category/  
Type

Candidate Name

**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

**Transaction ID : 39073429**

Amount of Each Disbursement this Period

-1000.00
----------

Memo Item  
Void - Kinzinger For Congress

Full Name (Last, First, Middle Initial)

**B. Kinzinger For Congress**

Mailing Address PO Box 2365

City State Zip Code  
Ottawa IL 61350

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

**Transaction ID : 39073759**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Flores For Congress**

Mailing Address PO Box 6207

City State Zip Code  
Bryan TX 77805

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Bill Flores**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

**Transaction ID : 39073761**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  
Campaign Contribution

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

2500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Sam Johnson**

Mailing Address P.O. Box 860096

City State Zip Code  
Plano TX 75086

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Sam Robert Johnson**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

**Transaction ID : 39073763**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

**Transaction ID : 39136132**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Laszlo Mechtler**

Mailing Address 4785 Spaulding Drive

City State Zip Code  
Clarence NY 14031-1558

Purpose of Disbursement  
Refund of contribution on 2/24/2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39166563**

Amount of Each Disbursement this Period

Memo Item  
Refund of contribution on 2/24/2016

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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