

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 [X], 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 05 / 01 / 2017 through 05 / 31 / 2017

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

Signature of Treasurer Engel, Timothy J., , Mr., [Electronically Filed] Date 06 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>	<input type="text" value="182993.47"/>	<input type="text" value="182993.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="225720.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20264.52"/>	<input type="text" value="207491.50"/>
(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="245984.97"/>	<input type="text" value="390484.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38480.00"/>	<input type="text" value="182980.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="207504.97"/>	<input type="text" value="207504.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	15642.52	154049.82
(ii) Unitemized	4622.00	53441.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20264.52	207491.50
(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)	20264.52	207491.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20264.52	207491.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20264.52	207491.50

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	181500.00
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	1480.00	1480.00
(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)).....	1480.00	1480.00
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)) ..	38480.00	182980.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38480.00	182980.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	20264.52	207491.50
34. Total Contribution Refunds (from Line 28(d))	1480.00	1480.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18784.52	206011.50
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 33
	<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. Kenton, Edgar, J., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Clearview Drive
 City Danville State PA Zip Code 17821-9115
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2017
Transaction ID : 40821822
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Greeley, David, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 E 27th Avenue
 City Spokane State WA Zip Code 99203-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2017
Transaction ID : 40822558
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Johnson, Nicholas, Elwood, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2207 E Camino Way
 City Salt Lake City State UT Zip Code 84121-4908
 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
 05 / 02 / 2017
Transaction ID : 40822559
 Amount of Each Receipt this Period
 100.00
 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 7 OF 33
<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. Yochelson, Michael, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3919 Commander Drive

City Hyattsville	State MD	Zip Code 20782-1025
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MedStar National Rehabilitation Hospit	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

Transaction ID : 40831417

Amount of Each Receipt this Period
84.00

Memo Item

B. 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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

Transaction ID : 40831418

Amount of Each Receipt this Period
41.67

Memo Item

C. St. Louis, Erik, Kent, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40839589

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.67
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 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 ▼
1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Transaction ID : 40841924

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 19 Coe Farm Road

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

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

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Transaction ID : 40841926

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 6970 Broadway Terrace

City Oakland	State CA	Zip Code 94611-1950
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : 40842970

Amount of Each Receipt this Period
100.00

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 9 OF 33
	<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. Smith, Marsha, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 Shenandoah Court

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

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

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
05		09		2017

Transaction ID : 40842971

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2055 Scenic View Lane SW

City Rochester	State MN	Zip Code 55902-2575
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : 40878420

Amount of Each Receipt this Period
84.00

Memo Item

C. 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
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

Transaction ID : 40880163

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 10 OF 33
	<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. McKinnon, Jonathan, Hart, Dr.,
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)
Las Vegas Clinic Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **05 / 16 / 2017**

Transaction ID : 40888779

Amount of Each Receipt this Period **200.00**

Memo Item

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

Mailing Address 2931 Stone Park Dr NE

City State Zip Code
Rochester MN 55906-7722

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **05 / 17 / 2017**

Transaction ID : 40889269

Amount of Each Receipt this Period **84.00**

Memo Item

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

Mailing Address 11 Doud Dr

City State Zip Code
Los Altos CA 94022-2323

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

Name of Employer (for Individual) Occupation (for Individual)
VA Palo Alto HCS Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **05 / 17 / 2017**

Transaction ID : 40889270

Amount of Each Receipt this Period **84.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	368.00
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 33
<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. Callaghan, Maureen, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Amethyst St SE
 City Olympia State WA Zip Code 98501-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madigan Army Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2017
Transaction ID : 40889271
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Zecavati, Nassim, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5536 11th RD N
 City Arlington State VA Zip Code 22205-2447
 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 ▼ 320.00

Date of Receipt 05 / 12 / 2017
Transaction ID : 40891017
 Amount of Each Receipt this Period 320.00
 Memo Item

c. 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 ▼ 420.00

Date of Receipt 05 / 19 / 2017
Transaction ID : 40894982
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	529.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4588 Cascades Drive

City Manlius	State NY	Zip Code 13104-2369
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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 ▼
436.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40894984

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 9075 N 103rd PI

City Scottsdale	State AZ	Zip Code 85258-5701
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2017

Transaction ID : 40902126

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 50 Park Row West
Apt 621

City Providence	State RI	Zip Code 02903-1149
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southern New England Neurology	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2045.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2017

Transaction ID : 40902156

Amount of Each Receipt this Period
409.09

Memo Item

SUBTOTAL of Receipts This Page (optional).....	551.09
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 33
	<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. Rensel, Mary, R., Dr.,
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)
Cleveland Clinic Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 21 / 2017**

Transaction ID : 40902158

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address 1160 Stoney Run Road

City State Zip Code
Hummelstown PA 17036-8536

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **05 / 22 / 2017**

Transaction ID : 40902231

Amount of Each Receipt this Period **950.00**

Memo Item

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

Mailing Address 589 Rutter Avenue

City State Zip Code
Kingston PA 18704-4718

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

Name of Employer (for Individual) Occupation (for Individual)
Lehigh Valley Pediatric Neurology Neurologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 22 / 2017**

Transaction ID : 40902238

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 33
	<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. O'Brien, Hope, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8730 South Shore Place

City Mason	State OH	Zip Code 45040-5040
---------------	-------------	------------------------

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

Name of Employer (for Individual) Cincinnati Children'S Hospital Medical	Occupation (for Individual) 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
05		22		2017

Transaction ID : 40902239

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1204 Watson Av

City Winston Salem	State NC	Zip Code 27103-5010
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest Baptist Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

Transaction ID : 40902242

Amount of Each Receipt this Period
5000.00

Memo Item

C. Whitney, Stanley, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee	State FL	Zip Code 32312-6788
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Tallahassee Neurology Associates	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
05		23		2017

Transaction ID : 40903079

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6090.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
<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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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2017

Transaction ID : 40903080

Amount of Each Receipt this Period
84.00

Memo Item

B. 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 ▼
556.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2017

Transaction ID : 40903085

Amount of Each Receipt this Period
278.00

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2017

Transaction ID : 40903089

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	412.00
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 33
	<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. 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 ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 40904351

Amount of Each Receipt this Period
85.00

Memo Item

B. 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 ▼
2083.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 40904352

Amount of Each Receipt this Period
416.66

Memo Item

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

Mailing Address 2477 Oak Grove Estates

City Atlanta	State GA	Zip Code 30345-3899
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 40911099

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	543.66
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 17 OF 33
	<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. Brandes, David, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Autumn Woods Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 40911100

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1199 Sennebec Rd

City Union	State ME	Zip Code 04862-4628
---------------	-------------	------------------------

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 40911101

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 40911102

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.00
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 33
	<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. Qazi, Faisal, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton	State CA	Zip Code 92833-2221
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The Neurology Group	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 40911103

Amount of Each Receipt this Period
85.00

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 ▼
206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : 40911949

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 770 Clacton Circle

City Earlsville	State VA	Zip Code 22936-1946
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2017

Transaction ID : 40912931

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<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. Maher, Cornelius, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6206 White Oak Dr
 City Frederick State MD Zip Code 21701-6743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Army 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
 05 / 27 / 2017
Transaction ID : 40912932
 Amount of Each Receipt this Period
 250.00
 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) Dr. Meril S. Platzer Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2017
Transaction ID : 40912933
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1109.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2017
Transaction ID : 40912938
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 33
	<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 Cincinnati	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 ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2017

Transaction ID : 40912939

Amount of Each Receipt this Period
209.00

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : 40913025

Amount of Each Receipt this Period
50.00

Memo Item

C. Sumner, Austin, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 Saint Charles Ave Apt 10C

City New Orleans	State LA	Zip Code 70130-3421
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LSU Neurology	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : 40913026

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
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 33
	<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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : 40913027
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : 40913028
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Shefner, Jeremy, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6618 North 48th Street
 City Paradise Valley State AZ Zip Code 85253-4056
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : 40913029
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
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 33
	<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. Killian, James, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10215 Sugar Hill

City Houston	State TX	Zip Code 77042-1543
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine-Dept.of Neu	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
05		28		2017

Transaction ID : 40913032

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 11230 Dell Loch Way

City Fort Wayne	State IN	Zip Code 46814-8123
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1036.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : 40913033

Amount of Each Receipt this Period
209.10

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) Midland Memorial Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : 40913037

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	351.10
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 33
<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. Taylor, Carolyn, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4732 Lost Creek Lane

City Bellingham	State WA	Zip Code 98229-2574
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Swedish Neuroscience Institute	Occupation (for Individual) 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
05	/	28	/	2017

Transaction ID : 40913038

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 ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2017

Transaction ID : 40913039

Amount of Each Receipt this Period
225.00

Memo Item

C. Lewis, Steven, L., Dr.,
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) Physician
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2017

Transaction ID : 40913040

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	534.00
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:	PAGE 24 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Jung Henson, Lily, , 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 Henry Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : 40913041
 Amount of Each Receipt this Period
 416.66
 Memo Item

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : 40913042
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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 ▼ 1041.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : 40913043
 Amount of Each Receipt this Period
 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
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 33
	<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. Carter, Alex, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4444 Forest Park Ave
Campus Box 8518

City Saint Louis State MO Zip Code 63108-2212

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 ▼
0.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2017

Transaction ID : 41006453

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Polans, Robert, , Dr.,
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)
SK Life Science Vice President of Managed Care and T

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2017

Transaction ID : 41006454

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

C. COETZEE, Timothy, , Dr.,
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)
National Multiple Sclerosis Society Chief Advocacy, Services, and Research

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2017

Transaction ID : 41006455

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 33
<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. Plimpton, Conrad, , Dr.,
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)
MSDx, Inc. Chair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
05 / 08 / 2017

Transaction ID : 41006456

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$0.00

B. Coyle, Mary, , ,
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)
University of Windsor Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
05 / 08 / 2017

Transaction ID : 41006457

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$0.00

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

Mailing Address 235 East 22 street

City State Zip Code
New York NY 10010-4616

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

Name of Employer (for Individual) Occupation (for Individual)
DeLoor Podiatry Associates CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
05 / 08 / 2017

Transaction ID : 41006458

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$20.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	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 27 OF 33
	<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
Kenton, Edgar, J., Dr., III

Mailing Address **2 Clearview Drive**

City Danville	State PA	Zip Code 17821-9115
-------------------------	--------------------	-------------------------------

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 ▼
4000.00

Date of Receipt
05 / 16 / 2017

Transaction ID : 41006459

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$4000.00

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	15642.52

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. Bilirakis For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Void - Bilirakis For Congress

Candidate Name
Bilirakis, Gus, M., Rep.,

Office Sought: House Senate President
State: FL District: 12

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C00408534
Transaction ID : 40822007
Amount of Each Disbursement this Period: 0.00
Memo Item

B. Bilirakis For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Campaign Contribution

Candidate Name
Bilirakis, Gus, M., Rep.,

Office Sought: House Senate President
State: FL District: 12

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 08 / 2017

FEC Identification Number: C00408534
Transaction ID : 40842249
Amount of Each Disbursement this Period: 1000.00
Memo Item

C. Walden For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Campaign Contribution

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

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 08 / 2017

FEC Identification Number: C00333427
Transaction ID : 40842250
Amount of Each Disbursement this Period: 5000.00
Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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. Michael Burgess For Congress		Date of Disbursement MM / DD / YYYY 05 / 08 / 2017
Mailing Address PO Box 2334		FEC Identification Number C 000372532 Transaction ID : 40842251
City Denton	State TX	Zip Code 76202
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Burgess, Michael, C., Rep., M.D.		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 26	

Full Name (Last, First, Middle Initial) B. Guthrie For Congress		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address PO Box 9639		FEC Identification Number C 000445023 Transaction ID : 40900437
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Guthrie, Brett, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY	District: 02	

Full Name (Last, First, Middle Initial) C. Blumenauer For Congress		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address 901 Se Oak Street Suite 105		FEC Identification Number C 000307314 Transaction ID : 40900438
City Portland	State OR	Zip Code 97214
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Blumenauer, Earl, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 03	

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

7500.00

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. Dr. Raul Ruiz For Congress		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address PO Box 3433		FEC Identification Number C00502575 Transaction ID : 40900439
City Palm Desert	State CA	Zip Code 92261
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name Ruiz, Raul, , Rep., MD		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 36	

Full Name (Last, First, Middle Initial) B. Tim Murphy For Congress		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address PO Box 24551		FEC Identification Number C00372201 Transaction ID : 40900440
City Pittsburgh	State PA	Zip Code 15234
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Murphy, Tim, F., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 18	

Full Name (Last, First, Middle Initial) C. Michael Burgess For Congress		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address PO Box 2334		FEC Identification Number C00372532 Transaction ID : 40900441
City Denton	State TX	Zip Code 76202
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name Burgess, Michael, C., Rep., M.D.		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 26	

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. Team Ryan		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address 320 First Street SE		FEC Identification Number C [REDACTED] Transaction ID : 40900442
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Leadership PAC Contribution		Amount of Each Disbursement this Period [REDACTED] 7500.00
Candidate Name		Leadership PAC Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Nancy Pelosi For Congress		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address 700 13th Street, Nw Suite 600		FEC Identification Number C C00213512 Transaction ID : 40913827
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name Pelosi, Nancy, , Rep.,		Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA District: 12		

Full Name (Last, First, Middle Initial) C. Cathy McMorris Rodgers For Congress		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address Box 137		FEC Identification Number C C00390476 Transaction ID : 40913829
City Spokane	State WA	Zip Code 99210
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name McMorris Rodgers, Cathy, , Rep.,		Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WA District: 05		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9500.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. Hoyer Majority Fund

Full Name (Last, First, Middle Initial)

Mailing Address 499 S. Capitol Street, Ste. 414

City Washington State DC Zip Code 20003

Purpose of Disbursement Leadership PAC Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 30 / 2017

FEC Identification Number: C

Transaction ID : 40913830

Amount of Each Disbursement this Period: 5000.00

Leadership PAC Contribution

Memo Item

B. Klobuchar For Minnesota

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement Campaign Contribution

Candidate Name Klobuchar, Amy, , Sen.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 05 / 30 / 2017

FEC Identification Number: C C00431353

Transaction ID : 40913831

Amount of Each Disbursement this Period: 3000.00

Campaign Contribution

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	37000.00

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"/> 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

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

NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Kenton, Edgar, J., Dr., III

Mailing Address 2 Clearview Drive

City
Danville

State
PA

Zip Code
17821-9115

Purpose of Disbursement
Refund of Receipt of 5/01

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 16 / 2017

FEC Identification Number

C

Transaction ID : 40947950

Amount of Each Disbursement this Period

1000.00

Refund of Receipt of 5/01

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

1000.00