

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) 201 Chicago Avenue

Check if different than previously reported. (ACC) Minneapolis MN 55415

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00435933

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM/DD/YYYY in the State of

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

Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2024 through 01/31/2024

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 Myren, Kevin C., Mr.,

Signature of Treasurer Myren, Kevin C., Mr., Date 02/15/2024

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

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="370244.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="370244.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30019.00"/>	<input type="text" value="30019.00"/>
(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="400263.51"/>	<input type="text" value="400263.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="397763.51"/>	<input type="text" value="397763.51"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	17438.00	17438.00
(ii) Unitemized	12581.00	12581.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30019.00	30019.00
(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)	30019.00	30019.00
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)).....▶	30019.00	30019.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30019.00	30019.00

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.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	2500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	2500.00

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)	30019.00	30019.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30019.00	30019.00
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: PAGE 6 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Stitt, Derek, William, Dr.,

Mailing Address 4334 Shetland PI NW

City Rochester State MN Zip Code 55901-5596

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2024
Transaction ID : 49740823

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Reynolds, Wesley, D., Dr.,

Mailing Address 3735 Yates St

City Denver State CO Zip Code 80212-2040

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

Name of Employer (for Individual) Centura Health Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2024
Transaction ID : 49741003

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 119 Lansing Island

City Indian Harbour Beach State FL Zip Code 32937-5354

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

Name of Employer (for Individual) Christopher J Prusinski,DO,PA Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2024
Transaction ID : 49747954

Amount of Each Receipt this Period
209.00

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 7 OF 20
	<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. Stevens, James, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Aboite Center Rd
 City Fort Wayne State IN Zip Code 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Physicians, Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2024
Transaction ID : 49747956
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. McCollum, David, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 Bent Creek Dr
 City Lititz State PA Zip Code 17543-8352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine LGH Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2024
Transaction ID : 49751822
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. Klein, Brad, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Providence Dr
 City Richboro State PA Zip Code 18954-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abington Neurological Associates Occupation (for Individual) Neurologist
 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
 01 / 10 / 2024
Transaction ID : 49753674
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	668.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Riaz, Awais, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1381 E. Hickory Lane
 City Murray State UT Zip Code 84121-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2024
Transaction ID : 49759649
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. Evans, David, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6722 Deloache Ave
 City Dallas State TX Zip Code 75225-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Neurology Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2024
Transaction ID : 49759651
 Amount of Each Receipt this Period
 417.00
 Memo Item

C. 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) Children's Hospital of Richmond at Vir Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2024
Transaction ID : 49760400
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	726.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. 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) Children's Hospital of Richmond at Vir 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
 01 / 05 / 2024
Transaction ID : 49760407
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Henson, Lily, Jung, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1951 Pine Grove Road
 City Greensboro State GA Zip Code 30642-3908
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2024
Transaction ID : 49760462
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Noorian, Alireza, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 Weathervane
 City Irvine State CA Zip Code 92603-4226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760463
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Yee, Audrey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9122 E TUFTS CIR
 City Englewood State CO Zip Code 80111-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rocky Mountain Regional VA Medical Cen Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760464
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. K., Eva, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 Huntington Ave 701
 City Boston State MA Zip Code 02116-5743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2024
Transaction ID : 49760467
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Tobita, Mari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1028 W 27th Street Unit 3
 City San Pedro State CA Zip Code 90731-5637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LA County DHS Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760468
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Patel, Chilvana, V., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 SAGER DR
 City Houston State TX Zip Code 77096-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760469
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Esper, Christine, Doss, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2477 Oak Grove Estates NE
 City Atlanta State GA Zip Code 30345-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Neurology Clinic At Executive Pa Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760470
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ostrander, Matthew, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Gleason Lake Road
 City Wayzata State MN Zip Code 55391-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Minneapolis Clinic of Neurology Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760471
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. Pauzaskie, Sean, Thomas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 Remington Street
 City Fort Collins State CO Zip Code 80524-4141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Health Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760472
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Marquis, Belinda, Oyinkan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Nostrand Ave Apt 7G
 City Brooklyn State NY Zip Code 11210-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White Plains Hospital Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760473
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Alvarez, Enrique, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8557 E. 35th Ave
 City Denver State CO Zip Code 80238-3410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760474
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 13 OF 20
(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. Garcia, Eduardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Douglas Rd
 City Needham State MA Zip Code 02492-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newton-Wellesley Neurological Associat Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760475
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Morcos, Zeyad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 Pleasant St Ste 302
 Sleep Medicine & Neurology
 City Fall River State MA Zip Code 02721-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Prima CARE Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760476
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Crandall, Suzanne, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Wilkie Street
 City Charleston State WV Zip Code 25314-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Saint Lukes Neurological Consultants 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
 01 / 03 / 2024
Transaction ID : 49760477
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 20
	<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. Brin, Mitchell, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 San Antonio
 City Newport Beach State CA Zip Code 92660-9115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allergan, Inc. / UC Irvine 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
 01 / 03 / 2024
Transaction ID : 49760478
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McGregor, Amy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10374 Pilot Rock Road
 City Collierville State TN Zip Code 38017-1966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Le Bonheur Childrens Hospital Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760479
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Patel, Smita, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3824 Miller Drive
 City Glenview State IL Zip Code 60026-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pals4ever, LLC Occupation (for Individual) Neurologist
 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
 01 / 03 / 2024
Transaction ID : 49760480
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gwynn, Matthews, W., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2024 Transaction ID : 49765057
Mailing Address 1063 Dunroven Drive		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30342-2490
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Atlanta Neurology	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Morkous, Sameh, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2024 Transaction ID : 49765061
Mailing Address 589 RUTTER AVENUE		Amount of Each Receipt this Period 1000.00
City KINGSTON	State PA	Zip Code 18704-4718
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lehigh Valley Pediatric Neurology	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hon, Sarah, Jane, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 18 / 2024 Transaction ID : 49765383
Mailing Address 409 Camelot Drive		Amount of Each Receipt this Period 2500.00
City Liberty	State MO	Zip Code 64068-1190
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) The University of Kansas Medical Cente	Occupation (for Individual) Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 20
	<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. Anderson, Eric, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 Bayview Circle South
 City Gulfport State FL Zip Code 33707-3929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intensive Neuro Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 20 / 2024
Transaction ID : 49766330
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Mohile, Nimish, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 485 Clover Hills Drive
 City Rochester State NY Zip Code 14618-4713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt 01 / 21 / 2024
Transaction ID : 49766344
 Amount of Each Receipt this Period 417.00
 Memo Item

C. Nadeau, Stephen, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 NW 23rd Drive
 City Gainesville State FL Zip Code 32605-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Malcom Randall VA Medical Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2024
Transaction ID : 49766363
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1626.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Nazir, Khurram, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3031 Osprey Cir
 City Panama City State FL Zip Code 32405-0200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brain and Spine, LLC 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
 01 / 24 / 2024
Transaction ID : 49779674
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Kissela, Brett, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9878 Zig Zag Drive
 City Montgomery State OH Zip Code 45242-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2024
Transaction ID : 49786827
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. Morris, John, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Washington University 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
 01 / 26 / 2024
Transaction ID : 49787214
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1209.00
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 20
	<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. McKinnon, Jonathan, Hart, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 N Buffalo Drive Suite B
 City Las Vegas State NV Zip Code 89145-0301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 29 / 2024
Transaction ID : 49793495
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Freeman, William, David, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4377 Hunterston Lane
 City Jacksonville State FL Zip Code 32224-3619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2024
Transaction ID : 49793496
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Louden, M, Barry, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Colony Dr
 City Vienna State WV Zip Code 26105-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVU Medicine Parkersburg Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2024
Transaction ID : 49795779
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 20
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clardy, Stacey, , Dr.,

Mailing Address 7839 Boothill Dr

City Park City	State UT	Zip Code 84098-5322
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2024

Transaction ID : 49795849

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	17438.00

**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. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brown, Sherrod, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: OH

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 22 / 2024

FEC Identification Number

C C00264697

Transaction ID : 49778600

Amount of Each Disbursement this Period

2500.00

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 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 Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

2500.00