

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

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435933

3. IS THIS REPORT NEW (N) OR AMENDED (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) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 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 []/[]/[] in the State of []

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

Election on []/[]/[] in the State of []

5. Covering Period

[12] / [01] / [2015] through [12] / [31] / [2015]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel

[Electronically Filed]

Date 01 / 28 / 2016

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

Table with 8 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		114069.08
(b) Cash on Hand at Beginning of Reporting Period.....	98055.47	
(c) Total Receipts (from Line 19)	52704.67	328099.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	150760.14	442168.47
7. Total Disbursements (from Line 31).....	3500.00	294908.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	147260.14	147260.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28793.67	224707.05
(ii) Unitemized	23911.00	102392.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52704.67	327099.39
(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)	52704.67	327099.39
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	1000.00
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))..... ▶	52704.67	328099.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52704.67	328099.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	3500.00	294500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	408.33
(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	408.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3500.00	294908.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	294908.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	52704.67	327099.39
34. Total Contribution Refunds (from Line 28(d))	0.00	408.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52704.67	326691.06
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 42
	(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

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

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

A. Dr. David L. Camenga
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Glenwood Ave
 City Augusta State ME Zip Code 04330-6906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790525
 Amount of Each Receipt this Period
125.00

B. Dr. Brett M. Kissela
 Full Name (Last, First, Middle Initial)
 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 Univ of Cincinnati, Dept of Neuro Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790527
 Amount of Each Receipt this Period
250.00

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Neille Lane
 City Twinsburg State OH Zip Code 44087-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790528
 Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional).....	637.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. David W. Brandes
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 12 / 01 / 2015
Transaction ID : 38791071
 Amount of Each Receipt this Period 85.00

B. Dr. Nicholas Elwood Johnson
 Full Name (Last, First, Middle Initial)
 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 Univ. of Utah Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 12 / 02 / 2015
Transaction ID : 38795687
 Amount of Each Receipt this Period 100.00

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

Date of Receipt 12 / 02 / 2015
Transaction ID : 38795688
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Allison L. Weathers
Full Name (Last, First, Middle Initial)

Mailing Address 1251 Glencoe Avenue

City Evanston State IL Zip Code 60203-1935

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

Name of Employer RUMC Occupation RUMC Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **515.87**

Date of Receipt **12 / 03 / 2015**

Transaction ID : 38838173

Amount of Each Receipt this Period **41.67**

B. Dr. Awais Riaz
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmescott Lane

City Salt Lake City State UT Zip Code 84124-2580

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

Name of Employer Univ. of Utah Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : 38838174

Amount of Each Receipt this Period **250.00**

C. Dr. Sarah M. Benish
Full Name (Last, First, Middle Initial)

Mailing Address 5949 Bradbury Court

City Inver Grove Heights State MN Zip Code 55076-1597

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

Name of Employer Fairview Health Services Occupation Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : 38838175

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	541.67
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: PAGE 9 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Rada Petrinjac-Nenadic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 White Cliff Dr
 City Memphis State TN Zip Code 38117-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James Wong PC Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38838668
 Amount of Each Receipt this Period
 150.00

B. Dr. Elizabeth Minto
 Full Name (Last, First, Middle Initial)
 Mailing Address 553 N. Mobile Street
 City Fairhope State AL Zip Code 36532-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Alabama Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : 38838679
 Amount of Each Receipt this Period
 20.00

C. Dr. Eric P. Gierke
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 NW 199 Street
 City Shoreline State WA Zip Code 98177-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Everett Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38838700
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00
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 10 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. David Hale
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 VASSAR DR SE
 City ROME State GA Zip Code 30161-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harbin Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38838702
 Amount of Each Receipt this Period
 200.00

B. Dr. Mill Etienne
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Coe Farm Road
 City Montebello State NY Zip Code 10901-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours Charity Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 38846657
 Amount of Each Receipt this Period
 84.00

C. Dr. Gregory D. Cascino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Kal Lane SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 38846658
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 309.00
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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Steven J. Holtz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6970 Broadway Terrace
 City Oakland State CA Zip Code 94611-1950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Muir Physical Ntwk Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 09 / 2015
Transaction ID : 38848005
 Amount of Each Receipt this Period 100.00

B. Dr. Erik Perkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 11660 Cypress Canyon Road
 City San Diego State CA Zip Code 92131-3756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 09 / 2015
Transaction ID : 38848006
 Amount of Each Receipt this Period 100.00

C. Dr. Daniel R. Fain
 Full Name (Last, First, Middle Initial)
 Mailing Address 491 McCABE AVE NE
 City ADA State MI Zip Code 49301-9762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2015
Transaction ID : 38848149
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 12 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. G J. Herr
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Masten St
 City Plainfield State IN Zip Code 46168-1568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hendricks Neurology Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2015
Transaction ID : 38849233
 Amount of Each Receipt this Period 150.00

B. Dr. Charles S. Yanofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Pelham Rd
 City Camp Hill State PA Zip Code 17011-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Health Systems Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2015
Transaction ID : 38849251
 Amount of Each Receipt this Period 150.00

C. Dr. Ute Traugott
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Fairlawn St
 White Plains Hospital
 City Rye State NY Zip Code 10580-3245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westchester Medical Center Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2015
Transaction ID : 38849256
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Stephanie R. Lash
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Glen Cove Dr Ste 102
 City State Zip Code
 Rockport ME 04856-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PBPA 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
 12 / 08 / 2015
Transaction ID : 38849283
 Amount of Each Receipt this Period
 100.00

B. Dr. Paul A. Rutecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 Highland Ave 7th Fl
 Neurology Dept
 City State Zip Code
 Madison WI 53705-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ WI of Madison Dept Neur 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
 12 / 09 / 2015
Transaction ID : 38851172
 Amount of Each Receipt this Period
 150.00

C. Dr. Stephen M. Sachs
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 N Broad St Ste 201
 City State Zip Code
 Elizabeth NJ 07208-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neurological Associates 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
 12 / 09 / 2015
Transaction ID : 38851173
 Amount of Each Receipt this Period
 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Laurence J. Kinsella
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Rosemont Ave
 City St. Louis State MO Zip Code 63104-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSM Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : 38852527
 Amount of Each Receipt this Period **250.00**

B. Dr. Tetsuo Ashizawa
 Full Name (Last, First, Middle Initial)
 Mailing Address 6618 SW 100th Lane
 City Gainesville State FL Zip Code 32608-6383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **12 / 10 / 2015**
Transaction ID : 38852759
 Amount of Each Receipt this Period **150.00**

C. Dr. Robert Scott Duff
 Full Name (Last, First, Middle Initial)
 Mailing Address 5931 S Northernridge Rd
 City Springfield State MO Zip Code 65810-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **12 / 12 / 2015**
Transaction ID : 38855945
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. James C. Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 12112 Aboite Center Rd
 City Fort Wayne State IN Zip Code 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Physicians, Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38856005
 Amount of Each Receipt this Period
 262.50

B. Dr. Brian D. Loftus
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 West Loop S Ste 330
 City Bellaire State TX Zip Code 77401-4138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellaire Neurology, PA Occupation 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
 12 / 13 / 2015
Transaction ID : 38856037
 Amount of Each Receipt this Period
 500.00

C. Dr. Constantine Moschonas
 Full Name (Last, First, Middle Initial)
 Mailing Address 8113 E Del Cuarzo Dr
 City Scottsdale State AZ Zip Code 85258-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Four Peaks Neurology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 38864784
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1512.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 42
	(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

Full Name (Last, First, Middle Initial) A. Dr. Robert J. Varipapa			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015 Transaction ID : 38864785
Mailing Address 1074 S State St			Amount of Each Receipt this Period 1200.00
City Dover	State DE	Zip Code 19901-6925	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer CNMRI		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Maryann D. Hooker			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2015 Transaction ID : 38865023
Mailing Address 71 Talbot Ct			Amount of Each Receipt this Period 150.00
City Media	State PA	Zip Code 19063-5527	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00
Name of Employer US Dept. of the VA		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Lynne P. Taylor			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2015 Transaction ID : 38865032
Mailing Address 1100 9th Avenue, C2-HEM			Amount of Each Receipt this Period 1000.00
City Seattle	State WA	Zip Code 98101-2756	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Tufts Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 17 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Smaranda Andreia Galis
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Fordsmere Rd
 City Chesapeake State VA Zip Code 23322-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OUHSC Occupation 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
 12 / 13 / 2015
Transaction ID : 38865039
 Amount of Each Receipt this Period
 150.00

B. Dr. Shannon M. Kilgore
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Doud Dr
 City Los Altos State CA Zip Code 94022-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation 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
 12 / 14 / 2015
Transaction ID : 38865049
 Amount of Each Receipt this Period
 150.00

C. Dr. Kent T. Ellington
 Full Name (Last, First, Middle Initial)
 Mailing Address 1820 Far Gallant Drive
 City Austin State TX Zip Code 78746-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Brain and Spine Occupation 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
 12 / 15 / 2015
Transaction ID : 38865120
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David M. Labiner
Full Name (Last, First, Middle Initial)

Mailing Address 1501 N Campbell Ave Rm 6205
Box 245023 Neurology

City Tucson State AZ Zip Code 85724-0001

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

Name of Employer Arizona Health Sciences Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 16 / 2015
Transaction ID : 38865165

Amount of Each Receipt this Period
250.00

B. Dr. Ted M. Burns
Full Name (Last, First, Middle Initial)

Mailing Address 1943 Lewis Mountain Rd

City Charlottesville State VA Zip Code 22903-2412

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

Name of Employer University Of Virginia Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 16 / 2015
Transaction ID : 38865182

Amount of Each Receipt this Period
500.00

C. Dr. Robert Scott Duff
Full Name (Last, First, Middle Initial)

Mailing Address 5931 S Northernridge Rd

City Springfield State MO Zip Code 65810-1973

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

Name of Employer Mercy Clinic Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 38865534

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00

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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Terrence L. Cascino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Stone Park Dr NE
 City Rochester State MN Zip Code 55906-7722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878721
 Amount of Each Receipt this Period
 84.00

B. Dr. Gregory B. Kirkowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Sage Crk
 City Irvine State CA Zip Code 92603-0411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 38879678
 Amount of Each Receipt this Period
 150.00

C. Dr. Daniel C. Potts
 Full Name (Last, First, Middle Initial)
 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 VA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2015
Transaction ID : 38910491
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenaflly State NJ Zip Code 07670-1118

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2015
Transaction ID : 38910493

Amount of Each Receipt this Period
 424.00

B. Dr. Thomas M. Banas
Full Name (Last, First, Middle Initial)

Mailing Address 11230 Dell Loch Way

City Fort Wayne State IN Zip Code 46814-8123

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

Name of Employer Fort Wayne Neurological Center Occupation 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
 12 / 20 / 2015
Transaction ID : 38910515

Amount of Each Receipt this Period
 250.00

C. Dr. Glenn D. Graham
Full Name (Last, First, Middle Initial)

Mailing Address 412 Griffin Avenue

City Pacifica State CA Zip Code 94044-2614

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

Name of Employer VA Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910518

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1174.00
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 21 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Michael Medeiros
 Full Name (Last, First, Middle Initial)
 Mailing Address 12137 S Hughes
 City Caruthers State CA Zip Code 93609-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aventist Health Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 38910653
 Amount of Each Receipt this Period
 365.00

B. Dr. Kenneth J. Gaines
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 Bay Poine Dr.
 City Old Hickory State TN Zip Code 37138-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38911420
 Amount of Each Receipt this Period
 1000.00

C. Dr. Robert W. Fayle
 Full Name (Last, First, Middle Initial)
 Mailing Address 5007 A Jackson
 City Houston State TX Zip Code 77004-5964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health Systems of East Texas Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 38911516
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ► 1515.00
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 42
	<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

Full Name (Last, First, Middle Initial) A. Dr. Michael Hutchinson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2015 Transaction ID : 38911519
Mailing Address 345 E 37th St Ste 320		Amount of Each Receipt this Period 150.00
City New York	State NY	Zip Code 10016-3256
FEC ID number of contributing federal political committee. C		
Name of Employer NYU Langone Med. Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Cynthia L. Harden		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015 Transaction ID : 38911634
Mailing Address 10 Union Square East, Suite 5D		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10003-3314
FEC ID number of contributing federal political committee. C		
Name of Employer Comp Epilepsy Ctr Rm K 615	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Stanley J. Whitney		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015 Transaction ID : 38913131
Mailing Address 1108 Ronds Pointe Dr. West		Amount of Each Receipt this Period 90.00
City Tallahassee	State FL	Zip Code 32312-6788
FEC ID number of contributing federal political committee. C		
Name of Employer Tallahassee Neurology Associates	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. N. Bruce Jenevein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6301 Gaston Ave Ste 100
 West Tower
 City Dallas State TX Zip Code 75214-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology, PA Occupation 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
 12 / 23 / 2015
Transaction ID : 38913162
 Amount of Each Receipt this Period
 500.00

B. Dr. Daragh Heitzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6301 Gaston Ave Ste 400W
 100 West Tower
 City Dallas State TX Zip Code 75214-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation 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
 12 / 23 / 2015
Transaction ID : 38913163
 Amount of Each Receipt this Period
 500.00

C. Dr. Steven P. Herzog
 Full Name (Last, First, Middle Initial)
 Mailing Address 6301 Gaston Ave Ste 400
 West Tower
 City Dallas State TX Zip Code 75214-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation 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
 12 / 23 / 2015
Transaction ID : 38913164
 Amount of Each Receipt this Period
 500.00

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: PAGE 24 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Joseph S. Kass
 Full Name (Last, First, Middle Initial)
 Mailing Address 4903 Valerie
 City State Zip Code
 Bellaire TX 77401-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baylor College of Medicine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913173
 Amount of Each Receipt this Period
 150.00

B. Dr. Keith Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4119 W. 94th Terrace
 City State Zip Code
 Prairie Village KS 66207-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Children's Mercy Hospital Self
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913176
 Amount of Each Receipt this Period
 100.00

C. Dr. Eroboghene E. Ubogu
 Full Name (Last, First, Middle Initial)
 Mailing Address 5531 Lake Trace Drive
 City State Zip Code
 Hoover AL 35244-3966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The University of Alabama at Birmingham Physician
 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
 12 / 23 / 2015
Transaction ID : 38913196
 Amount of Each Receipt this Period
 500.00

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 25 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Jaffar Khan
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Riverford Way
 City Lawrenceville State GA Zip Code 30043-6416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Clinic Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913338
 Amount of Each Receipt this Period
 84.00

B. Mr. David A. Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 2990 Blackburn St Apt. 1104
 City Dallas State TX Zip Code 75204-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Neurology Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913339
 Amount of Each Receipt this Period
 100.00

C. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913340
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	269.00
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 26 OF 42
	(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. Dr. Ralph F. Jozefowicz
Full Name (Last, First, Middle Initial)

Mailing Address 78 Lac Kine Drive

City Rochester State NY Zip Code 14618-5608

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

Name of Employer University of Rochester Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913341

Amount of Each Receipt this Period
 250.00

B. Dr. Lyell K. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 2055 Scenic View Lane SW

City Rochester State MN Zip Code 55902-2575

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

Name of Employer Mayo MN Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913343

Amount of Each Receipt this Period
 23.00

c. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

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 Rush Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913344

Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	357.00
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 27 OF 42
	(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

Full Name (Last, First, Middle Initial) A. Dr. Michael R. Yochelson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2015 Transaction ID : 38913345
Mailing Address 3919 Commander Drive		Amount of Each Receipt this Period 84.00
City Hyattsville	State MD	
Zip Code 20782-1025		Aggregate Year-to-Date ▼ 1004.04
FEC ID number of contributing federal political committee. C		
Name of Employer MedStar National Rehabilitation Hospit	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1004.04		

Full Name (Last, First, Middle Initial) B. Dr. Faisal M. Qazi		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 25 / 2015 Transaction ID : 38913359
Mailing Address 1240 West Valencia Mesa Drive		Amount of Each Receipt this Period 85.00
City Fullerton	State CA	
Zip Code 92833-2221		Aggregate Year-to-Date ▼ 1020.00
FEC ID number of contributing federal political committee. C		
Name of Employer Inland Neurologic Consultants	Occupation Neurologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1020.00		

Full Name (Last, First, Middle Initial) C. Dr. Alireza Noorian		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 25 / 2015 Transaction ID : 38913360
Mailing Address 20 Palatine Apt 434		Amount of Each Receipt this Period 20.00
City Irvine	State CA	
Zip Code 92612-0640		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente	Occupation Neurologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional).....▶	189.00
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 28 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Gregory J. Esper

Mailing Address 2477 Oak Grove Estates

City State Zip Code
Atlanta GA 30345-3899

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

Name of Employer Occupation
Emory Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2015
Transaction ID : 38913361

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Dr. David R. Greeley

Mailing Address 1125 E 27th Avenue

City State Zip Code
Spokane WA 99203-3348

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

Name of Employer Occupation
Northwest Neurological Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2015
Transaction ID : 38913362

Amount of Each Receipt this Period
50.00

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

Mailing Address 1199 Sennebec Rd

City State Zip Code
Union ME 04862-4628

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

Name of Employer Occupation
Penobscot Bay Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2410.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2015
Transaction ID : 38913364

Amount of Each Receipt this Period
200.00

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 29 OF 42
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Allison Brashear

Mailing Address 208 Hadley Ct

City Winston Salem State NC Zip Code 27106-4489

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

Name of Employer Wake Forest Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913365

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Dr. Colleen Vanderkolk

Mailing Address 704 Thurrock Circle

City Brentwood State TN Zip Code 37027-1504

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

Name of Employer St. Thomas Medical Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913366

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Dr. David W. Brandes

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 Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913367

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 30 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Alireza Minagar
 Full Name (Last, First, Middle Initial)
 Mailing Address 8040 Captain Dillon Ct
 City Shreveport State LA Zip Code 71115-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LA State University Health Sciences Ct Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : 38913391
 Amount of Each Receipt this Period
 42.00

B. Dr. Terry D. Fife
 Full Name (Last, First, Middle Initial)
 Mailing Address 9927 N. 123rd Street
 City Scottsdale State AZ Zip Code 85259-6026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Hospital Occupation 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
 12 / 27 / 2015
Transaction ID : 38913407
 Amount of Each Receipt this Period
 100.00

C. Dr. Leonard Sahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5019 Elmgate
 City Orchard Lake State MI Zip Code 48324-3014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913435
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 642.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Amie L. Hiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3846 SE Alder St
 City Portland State OR Zip Code 97214-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Portland VA / OHSO Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913523
 Amount of Each Receipt this Period
 20.00

B. Dr. Wesley D. Reynolds
 Full Name (Last, First, Middle Initial)
 Mailing Address 4483 Idylwild Cir
 City Las Vegas State NV Zip Code 89147-4982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mike O'Callaghan Federal Medical Cente Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913524
 Amount of Each Receipt this Period
 20.00

C. Dr. Thomas Swanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5748 Prospect Dr
 City Missoula State MT Zip Code 59808-8608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913525
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 32 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Richard Earl Popwell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 E. Fieldview Circle
 City Bozeman State MT Zip Code 59715-7180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Deaconess Health Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913526
 Amount of Each Receipt this Period
 125.00

B. Dr. Carolyn L. Taylor
 Full Name (Last, First, Middle Initial)
 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 Northwest Neurology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913527
 Amount of Each Receipt this Period
 100.00

C. Dr. John W. Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Howell Mill Road NW, Suite 62
 City Atlanta State GA Zip Code 30318-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913528
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Steven L. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St Ste 1106
 City Chicago State IL Zip Code 60612-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush Univ. Med. Ctr. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2508.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 38913529
 Amount of Each Receipt this Period 223.00

B. Dr. Lily Jung Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4785 Kitty Hawk Drive
 City Atlanta State GA Zip Code 30342-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 38913530
 Amount of Each Receipt this Period 424.00

C. Dr. Gregory L. Barkley
 Full Name (Last, First, Middle Initial)
 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 Henry Ford Hospital Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 38913531
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 747.00
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 34 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Bunnie F. Richie
 Full Name (Last, First, Middle Initial)
 Mailing Address 9075 N 103rd Pl
 City State Zip Code
 Scottsdale AZ 85258-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38914156
 Amount of Each Receipt this Period
 150.00

B. Dr. Jeremy M. Shefner
 Full Name (Last, First, Middle Initial)
 Mailing Address 6618 North 48th Street
 City State Zip Code
 Paradise Valley AZ 85253-4056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Barrow Neurological Institute 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
 12 / 28 / 2015
Transaction ID : 38914170
 Amount of Each Receipt this Period
 125.00

C. Dr. Yoon-Hee Cha
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 South Retana Avenue
 City State Zip Code
 Broken Arrow OK 74011-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Francis Hospital Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38914171
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 35 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Kenneth J. Villa

Mailing Address 4056 Saint James Pl

City San Diego State CA Zip Code 92103-1630

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

Name of Employer SHARP San Diego Health Care Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38914178

Amount of Each Receipt this Period
125.00

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

Mailing Address 828 Homestead Dr

City Dallas State PA Zip Code 18612-7227

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

Name of Employer Geisinger Occupation Behavioral Neurology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38914189

Amount of Each Receipt this Period
489.00

Full Name (Last, First, Middle Initial)
C. Dr. Carrie Landess

Mailing Address 16855 NE 2nd Ave Ste 102

City North Miami Beach State FL Zip Code 33162-1744

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

Name of Employer Jackson Health System Occupation 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
 12 / 29 / 2015
Transaction ID : 38914389

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1114.00**

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 36 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Jeffrey R. Buchhalter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 Windsor Street NW
 City Calgary State AB Zip Code T2N 3X2
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alberta Children's Hospital Occupation Child Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 38914394
 Amount of Each Receipt this Period 500.00
 US Citizen living in Canada

B. Dr. Karen Lynn Parko
 Full Name (Last, First, Middle Initial)
 Mailing Address 4150 Clement St 127 VAMC
 City San Francisco State CA Zip Code 94121-1545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 38914409
 Amount of Each Receipt this Period 500.00

C. Dr. Mark S. Yerby
 Full Name (Last, First, Middle Initial)
 Mailing Address Fat Pony Farm 63705 Deschutes Market Road
 City Bend State OR Zip Code 97701-8817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Pacific Epilepsy Research Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2015
Transaction ID : 38914412
 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 37 OF 42
	(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. Dr. Patrick A. Griffith
Full Name (Last, First, Middle Initial)

Mailing Address 2946 Whisperwood Trail

City East Point State GA Zip Code 30344-3913

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

Name of Employer Morehouse School of Medicine Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38914415

Amount of Each Receipt this Period
 150.00

B. Dr. Paul C. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1722 Pine St Ste 700

City Montgomery State AL Zip Code 36106-1125

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

Name of Employer Neurology Consultants of Montgomery Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38914418

Amount of Each Receipt this Period
 1000.00

C. Dr. Manmohan Nayyar
Full Name (Last, First, Middle Initial)

Mailing Address 15007 Pamlico Rd

City Apple Valley State CA Zip Code 92307-5005

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38914429

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3650.00
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 38 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. David K. Urion
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Pierce Hill Road
 City Lincoln State MA Zip Code 01773-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Childrens Hosp Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38914529
 Amount of Each Receipt this Period
 1000.00

B. Dr. Anthony May
 Full Name (Last, First, Middle Initial)
 Mailing Address 1021 Wyndham Drive North
 City York State PA Zip Code 17403-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellspan Occupation Neurologist
 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
 12 / 29 / 2015
Transaction ID : 38914531
 Amount of Each Receipt this Period
 300.00

C. Dr. Joseph Jankovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5312 Pine Street
 City Bellaire State TX Zip Code 77401-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College Of Medicine Occupation 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
 12 / 29 / 2015
Transaction ID : 38922115
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
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 39 OF 42
	(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"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Robert M. Pascuzzi
Full Name (Last, First, Middle Initial)
Mailing Address 355 W 16th St, GH 4700

City Indianapolis	State IN	Zip Code 46202-5124
----------------------	-------------	------------------------

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

Name of Employer Indiana Univ Sch of Medicine	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : 38923579

Amount of Each Receipt this Period
900.00

B. Dr. Lawrence E. Green
Full Name (Last, First, Middle Initial)
Mailing Address 16060 Idaho Center Blvd

City Nampa	State ID	Zip Code 83687-5010
---------------	-------------	------------------------

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

Name of Employer Self	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : 38923581

Amount of Each Receipt this Period
500.00

C. Dr. Dennis N. Bourdette
Full Name (Last, First, Middle Initial)
Mailing Address 3181 SW Sam Jackson Park Rd
Dept of Neurology L226

City Portland	State OR	Zip Code 97239-3011
------------------	-------------	------------------------

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

Name of Employer Oregon Health Sciences University	Occupation 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
12	/	29	/	2015

Transaction ID : 38923585

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 40 OF 42
	<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

Full Name (Last, First, Middle Initial) A. Dr. Matthew J. Murnane		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 Transaction ID : 38923589
Mailing Address 47 New Scotland Ave MC-70, Dept of Neurology		Amount of Each Receipt this Period 250.00
City Albany	State NY Zip Code 12208-3479	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Albany Medical College	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Nancy T. Rodgers-Neame		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 Transaction ID : 38923609
Mailing Address 627 Belmont Ave		Amount of Each Receipt this Period 500.00
City Tampa	State FL Zip Code 33617-3802	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gretchen E. Tietjen		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015 Transaction ID : 38927781
Mailing Address 4404 Miner Rd		Amount of Each Receipt this Period 500.00
City Ottawa Hills	State OH Zip Code 43615-2228	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Univ of Toledo	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 41 OF 42
	<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

Full Name (Last, First, Middle Initial) A. Dr. Eliad Culcea		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015 Transaction ID : 38933809
Mailing Address 44 Prospect Drive		Amount of Each Receipt this Period 100.00
City Great Falls	State MT	Zip Code 59405-4122
FEC ID number of contributing federal political committee. C		
Name of Employer Benefis Hospitals	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Bunnie F. Richie		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38933901
Mailing Address 9075 N 103rd Pl		Amount of Each Receipt this Period 100.00
City Scottsdale	State AZ	Zip Code 85258-5701
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Madhav H. Bhat		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : 38934138
Mailing Address 4108 Boca Trl		Amount of Each Receipt this Period 250.00
City Fort Wayne	State IN	Zip Code 46815-5779
FEC ID number of contributing federal political committee. C		
Name of Employer Fort Wayne Neurological Center	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	28793.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. James B. Renacci

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : 38913692

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Leadership PAC

011

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
12 / 28 / 2015

Transaction ID : 38913693

Amount of Each Disbursement this Period

2500.00

Leadership PAC

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

Amount of Each Disbursement this Period

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

3500.00

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

3500.00