01/28/2016 12 : 10

PAGE 1 / 42

FEC FORM 3X	AND	ORT OF DISBUR her Than An Aut	SEMEN	rs	Office	Jse Only
1. NAME OF COMMITTEE (in full)	TYPE C	R PRINT V	Example: If ty over the lines		12FE4M5	
American Academ	ny of Neuro	logy BrainPAC	;			
ADDRESS (number and stre		St NE				
Check if different						
than previously reported. (ACC)		nington			DC 2000	2
2. FEC IDENTIFICATIO	ON NUMBER		[−] Y ▲	S		ZIP CODE
C C00435933			S THIS REPORT X	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15 Quarterly Re 	:	Report Due On: Mar	20 (M2) 20 (M3) 20 (M4) Primary (1	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)) X Jan 31 (YE) Runoff (12R)
July 15 Quarterly Re October 15 Quarterly Re January 31	port (Q2)	PRE-Election Report for the:	Conventio	n (12C)	Special (12S)	in the
Year-End Re July 31 Mid- Report (Non- Year Only) (f	Year (d election MY)	I) 30-Day POST-Election Report for the:	General (Runoff (30R)	State of Special (30S)
(TER)		Electio	n on	/ D D /	Y Y Y Y	in the State of
5. Covering Period	12 / I	01 / Y Y Y 2015	through	n 12		015
I certify that I have exami Type or Print Name of Tre	-		my knowledge an	d belief it is true	e, correct and comple	ete.
Signature of Treasurer	Mr. Timothy J.	Engel	[Electronic	ally Filed] Da	ate 01 / 2	8 / Y Y Y Y 2016
NOTE: Submission of false,	erroneous, or	incomplete information	n may subject the p	person signing thi		
Office Use Only						C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENT

•	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Nrite or Type Committee Name		
	American Academy of Neurology E	BrainPAC	
F	Report Covering the Period: From:	12 01 / Y Y Y Y 2015	To: 12 / D D / Y Y Y Y 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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) and6(c) for Column A and Lines6(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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	I. Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:		Calendar Year-to-Date				
(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	0.00					
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	50704.07	227000.20				
Totals to Line 33, page 5)	52704.67	327099.39				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	0.00	0.00				
8. All Loans Received		0.00				
. Loan Repayments Received	0.00	0.00				
6. Offsets To Operating Expenditures		, , , , , , , , , , , , , , , , , , , ,				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	1000.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
3. 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				
. Total Receipts (add Lines 11(d),	50704.07	222000.20				
12, 13, 14, 15, 16, 17, and 18(c))	52704.67	328099.39				
Total Fadaval Descipto						
. Total Federal Receipts	E0704 67	220000 0				
(subtract Line 18(c) from Line 19)►	52704.67	328099.3				

I

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
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-lo-Date
	(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		
2	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	3500.00	294500.00
	Independent Expenditures (use Schedule E)	0.00	0.00
5.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
З.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	408.33
	man Political Committees	<u> </u>	
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	408.33
9.	Other Disbursements	0.00	0.00
0.	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
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3500.00	294908.33
		A A A	
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	3500.00	294908.33

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L

DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures			
. Total Contributions (other than loans) (from Line 11(d), page 3)	52704.67	327099.39	
. Total Contribution Refunds (from Line 28(d))	0.00	408.33	
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52704.67	326691.06	
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00	
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

(check only one)

PAGE 6 OF

42

		Detailed Summary Page		11a		11b 14	11c		12 16	17
Any information copied from such Reports or for commercial purposes, other than usi				for the		pose of	solicitin		ntribut	ions
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. David L. Camenga Mailing Address 6 Glenwood Ave City Augusta FEC ID number of contributing	State ME	Zip Code 04330-6906			/ sact	01	387905 Receipt t	20 25	015 Period 125.	Y .00
federal political committee. Name of Employer Togus Veterans' Adm Med Ctr Receipt For: □ Primary □ Other (specify)	Occupation Neurologist]			7		_		
Full Name (Last, First, Middle Initial) Dr. Brett M. Kissela Mailing Address 9878 Zig Zag Road City Cincinnati FEC ID number of contributing	State OH	Zip Code 45242-6311			act	01	387905 2 Receipt t	27		Y
federal political committee. Name of Employer Univ of Cincinnati, Dept of Neuro Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Neurologist]			.y			250.	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Cohen Mailing Address 3141 Neille Lane City Twinsburg FEC ID number of contributing federal political committee. Name of Employer Children's Hospital and Med. Center of Receipt For: Primary General Other (specify) ▼	State OH C Occupation Physician Aggregate	Zip Code 44087-3808 Year-to-Date ▼ 2500.00			sact	01	387905 Receipt t	20 28	015 Period 262.	
Children's Hospital and Med. Center of Receipt For: Primary General	Physician Aggregate	Year-to-Date ▼ 2500.00]					-	637.5	

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

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

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PAGE 7 OF

42

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				13	14	15	16	17
Any information copied from such or for commercial purposes, othe								
NAME OF COMMITTEE (In Fi								
American Academy	of Neurology BrainP	AC						
Full Name (Last, First, Middle	Initial)							
A. Dr. David W. Brandes				Date o	f Receip	ot		
Mailing Address 106 Autumn V	Voods Drive			^M M	/ D	01	2015	Y
City	State	Zip Code			action	ID : 3879107		
Sweetwater	TN	37874-6482				h Receipt th		
FEC ID number of contributing	С							.00
federal political committee.	0				7	7		
Name of Employer	Occupation	1						
Self	Physician							
Receipt For:		Year-to-Date ▼						
Other (specify)	u l	935.00	11					
		7 7	- 12					
Full Name (Last, First, Middle								
B. Dr. Nicholas Elwood Jo				Date of	f Receip	ot		
Mailing Address 2207 E Camir	o Way			M M	/ D	D / Y	2015	Y
City	State	Zip Code	_	12 Trans	action	02 ID : 3879568	2015	
Salt Lake City	UT	84121-4908				h Receipt th		
FEC ID number of contributing	0							
federal political committee.	C			<u></u>			100	.00
Name of Employer	Occupation	1						
Univ. of Utah	Neurologist							
Receipt For:		Year-to-Date ▼						
Primary Genera			11.					
Other (specify)		, 1010.00	4					
Full Name (Last, First, Middle	Initial)							
C. Dr. Dawn Eliashiv				Date o	f Receip			
Mailing Address 204 South Sta	anley Drive			12 ^M	/ D	02 / Y	2015	Y
City	State	Zip Code		the second s	saction	ID : 387956		
Beverly Hills	CA	90211-3005				h Receipt th		
FEC ID number of contributing	C						125	5.00
federal political committee.								
Name of Employer	Occupation	1						
UCLA Receipt For:	Physician							
Receipt For:		Year-to-Date ▼						
Other (specify)		500.00						
								00
SUBTOTAL of Receipts This Pa	ge (optional)			1			310	.00

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

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

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PAGE 8 OF

42

••			Detailed Summary Page		X 11a		11b	11c	12						
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	ny information copied from such Reports and for commercial purposes, other than using the														
\mathbb{N}	NAME OF COMMITTEE (In Full)														
	American Academy of Neurolo	gy BrainP	AC												
	Full Name (Last, First, Middle Initial) Dr. Allison L. Weathers				. .										
Α.					Date c	of R	eceipt								
	Mailing Address 1251 Glencoe Avenue				12	1	03		2015	Y					
	City	State	Zip Code			sac		, :3883817							
	Evanston	IL	60203-1935		Amour	nt o	f Each	Receipt th	nis Period						
	FEC ID number of contributing	0													
	federal political committee.	С			L.	-	7		41	.67					
	Name of Employer	Occupation													
	RUMC	RUMC Neu	rologist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		515.87	11											
	Other (specify)		1	4											
_	Full Name (Last, First, Middle Initial)	1			_										
В.	Dr. Awais Riaz				Date c	of R	eceipt								
	Mailing Address 4454-A Kelmscott Lane			M M / D D / Y Y Y Y Y 12 03 _2015 _											
	City	State	Zip Code		12				2015						
	Salt Lake City	UT	84124-2580					: 3883817 Receipt th							
	FEC ID number of contributing				/ Iniour		Laon	neeeipt a		_					
	federal political committee.	C			L.		7	7	250	.00					
	Name of Employer	Occupation													
	Univ. of Utah	Neurologist													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
	Other (specify)		1000.00	4											
_	Full Name (Last, First, Middle Initial)	1													
C.	Dr. Sarah M. Benish				Date c		· ·								
	Mailing Address 5949 Bradbury Court				^M 12	1	/ D 03		2015	Y					
	City	State	Zip Code		Tran	sac	tion ID	: 3883817	′5						
	Inver Grove Heights	MN	55076-1597		Amour	nt o	f Each	Receipt th	is Period						
	FEC ID number of contributing federal political committee.	С					7		250	0.00					
	Name of Employer	Occupation													
	Fairview Health Services	Neurologist													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		1000.00												
Г		1			_	-				_					
s	UBTOTAL of Receipts This Page (optional)				L				541	.67					

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

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PAGE 9 OF

42

••	EMIZED RECEIPTS	Detailed Summary Page	X 11a		11b	11c	12								
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	ny information copied from such Reports and for commercial purposes, other than using th														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
\backslash	American Academy of Neurolo	gy BrainP.	AC												
Α.	Full Name (Last, First, Middle Initial) Dr. Rada Petrinjac-Nenadic				Date o	f Re	eceipt								
	Mailing Address 5160 White Cliff Dr			M = M / D = D / Y = Y = Y = Y Y 12 02 2015											
	City	State	Zip Code		Trans	sact	ion ID	: 3883866							
	Memphis	TN	38117-2134		Amoun	t of	Each	Receipt th	is Period						
	FEC ID number of contributing federal political committee.	С					7		150	.00					
	Name of Employer	Occupation													
	James Wong PC	Neurologist													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		450.00												
в.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Minto				Date o	of Re	eceipt								
	Mailing Address 553 N. Mobile Street				M M		04		2015	Y					
	City	State	Zip Code		Trans	sacti	ion ID	: 3883867							
	Fairhope	AL		Amoun	t of	Each	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	C					7	7	20	.00					
	Name of Employer	Occupation		_											
	University of South Alabama	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		240.00												
c.	Full Name (Last, First, Middle Initial) Dr. Eric P. Gierke	•			Date o	f Re	eceipt								
	Mailing Address 320 NW 199 Street				12	/	03		2015	Y					
	City	State	Zip Code		Tran	sact	ion ID	: 3883870							
	Shoreline	WA	98177-2552		Amoun	t of	Each	Receipt th	is Period						
	FEC ID number of contributing federal political committee.	С					,	7	150	0.00					
	Name of Employer	Occupation		\neg											
	Everett Clinic	Neurologist													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 - 3 - 4													
	Other (specify)		350.00												
s	UBTOTAL of Receipts This Page (optional)		•	<u> </u>			1		320.	.00					

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 10 OF

42

			Detailed Sum			1 1a		11b	11c	12	_	_
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	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
\rangle	American Academy of Neurolog	y BrainP	AC									
A.	Full Name (Last, First, Middle Initial) Dr. David Hale					Date o	f Re	eceipt				
	Mailing Address 15 VASSAR DR SE					м м 12	1	03	/ Y	у у 2015	Y	
	City	State	Zip Code			Trans	sact	ion ID :	38838702		_	
	ROME	GA	30161-6201			Amoun	t of	Each R	eceipt thi	s Perio	d	
	FEC ID number of contributing federal political committee.	С						7		20	0.00	
	Name of Employer	Occupation										
	Harbin Clinic	Neurologist										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General	33 - 3			11.							
	Other (specify)		3 3	700.00								
B.	Full Name (Last, First, Middle Initial) Dr. Mill Etienne					Date o	f Re	eceipt				
	Mailing Address 19 Coe Farm Road					12	/	08	/ Y	y y 2015	Y	
	City	State	Zip Code			Trans	act	ion ID :	38846657	,		
	Montebello	NY	10901-2908			Amoun	t of	Each R	eceipt thi	s Perio	d	
	FEC ID number of contributing federal political committee.	С						7		8	4.00	
	Name of Employer	Occupation										
	Bon Secours Charity Health	Physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		• • • •	1336.00	1							
с.	Full Name (Last, First, Middle Initial) Dr. Gregory D. Cascino					Date o	f Re	eceipt				
	Mailing Address 2106 Kal Lane SW					м м 12	1	08	/ Y	2015	Y	
	City	State	Zip Code				sact		38846658			
	Rochester	MN	55905-0001						eceipt thi		d	
	FEC ID number of contributing federal political committee.	С						7		2	25.00	
	Name of Employer	Occupation										
	Mayo Clinic	Physician										
	Receipt For:	-	Year-to-Date V									
	Primary General	, .gg. oguto			11.							
	Other (specify) ▼		7 7	275.00								
s	UBTOTAL of Receipts This Page (optional)									30	9.00	

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SCHEDULE A (FEC Form 3X) - -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

	-	Use separate schedule(s)				(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	<u>г</u> .	17		
Any information copied from such or for commercial purposes, other				for the	purp	ose of	soliciting	con	tributi	ons			
NAME OF COMMITTEE (In Fu		, , , , , , , , , , , , , , , , , , ,											
American Academy o		AC											
Full Name (Last, First, Middle I Dr. Steven J. Holtz	nitial)			Date of	f Rec	ceipt							
Mailing Address 6970 Broadwa	y Terrace		12 09 / Y Y Y Y Y										
City	State	Zip Code		Trans	actio	on ID :	3884800	5					
Oakland	CA	94611-1950		Amount	t of E	Each R	eceipt thi	is Pe	eriod				
FEC ID number of contributing federal political committee.	C					,	7		100.0	00			
Name of Employer	Occupation	1											
John Muir Physical Ntwk	Neurologist	:											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			11.										
Other (specify)		1200.00											
Full Name (Last, First, Middle I B. Dr. Erik Perkins	nitial)			Date of	f Rec	ceipt							
Mailing Address 11660 Cypress	Canyon Road			M M	/	09	/ Y	y 201	Y 15	Y			
City	State	Zip Code		Trans	actio	on ID : :	38848006						
San Diego	CA	92131-3756		Amount	t of E	Each R	eceipt thi	is Pe	eriod				
FEC ID number of contributing federal political committee.	C					,			100.0	00]		
Name of Employer	Occupation	1											
Sharp-Rees-Stealy Medical Grou	ip Physician												
Receipt For:		Year-to-Date ▼	_										
Primary General													
Other (specify)		1100.00											
Full Name (Last, First, Middle I C. Dr. Daniel R. Fain	nitial)			Date of	f Red	ceipt							
Mailing Address 491 McCABE	AVE NE			м м 12	/	D D D 07	/ Y	۲ 201	Y 15	Y			
City	State	Zip Code		Trans	actio	on ID :	3884814						
ADA	MI	49301-9762		Amount	t of E	Each R	eceipt thi	is Pe	eriod		_		
FEC ID number of contributing federal political committee.	C					7			150.	00			
Name of Employer	Occupation	1	_										
Spectrum Health	Neurologis												
Receipt For:		Year-to-Date ▼	-										
Primary General													
Other (specify)		250.00											
SUBTOTAL of Receipts This Pac				-	1				350.0	0	ī		

SUBTOTAL of Receipts This Page (optional)	L		7		7	3	50.00	0	
TOTAL This Period (last page this line number only)			7		,				

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

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PAGE 12 OF

42

			Detailed Summary Page		×	11a		11b	11c		12		
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\backslash	NAME OF COMMITTEE (In Full)												
\rangle	American Academy of Neurolog	y BrainP	AC										
	Full Name (Last, First, Middle Initial) Dr. G J. Herr				D	ate of	Re	ceipt					
	Mailing Address 708 Masten St					м м 12	/	05) / Y		015	Y	
	City	State	Zip Code			Trans	acti	on ID :	38849233	3			
	Plainfield	IN	46168-1568		A	mount	t of	Each F	Receipt thi	is F	'eriod		
	FEC ID number of contributing federal political committee.	С						7		_	150.	00	
	Name of Employer	Occupation											
	Hendricks Neurology	Neurologist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 - 3		11									
	Other (specify)	L	250.00										
	Full Name (Last, First, Middle Initial) Dr. Charles S. Yanofsky				D	ate of	Re	ceipt					
	Mailing Address 120 Pelham Rd				Γ	м м 12	/	08)15	Y	
	City	State	Zip Code			Trans	acti	on ID :	38849251				
-	Camp Hill	PA	17011-1352		A	mount	t of	Each F	Receipt thi	is F	'eriod		
	FEC ID number of contributing federal political committee.	С			C			7	3	_	150.0	00	
	Name of Employer Pinnade Health Systems	Occupation Neurologist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00]									
с.	Full Name (Last, First, Middle Initial) Dr. Ute Traugott				D	ate of	Re	ceipt					
	Mailing Address 18 Fairlawn St					M – M	/	D - D) / Y	Y	Y	Y	
	White Plains Hospital					12		08			015		
	City	State	Zip Code			Trans	acti	ion ID :	3884925	6			
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PAGE 13 OF

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	DMMITTEE (In Full) Academy of Neurol	logy BrainP	AC	
A. Dr. Stepha Mailing Addre	bloyer	State ME C Occupation Neurologist Aggregate		Date of Receipt 12 08 2015 Transaction ID : 38849283 Amount of Each Receipt this Period 100.00 100.00
B. Dr. Paul A Mailing Addre City Madison FEC ID numb federal politica Name of Emp Univ WI of Ma Receipt For:	SS 1685 Highland Ave 7th Fl Neurology Dept Der of contributing al committee. Doloyer dison Dept Neur	State WI C Occupation Neurologist Aggregate		Date of Receipt 12 09 2015 Transaction ID : 38851172 Amount of Each Receipt this Period 150.00
C. Dr. Steph Mailing Addre	ss 700 N Broad St Ste 201 ber of contributing al committee. bloyer Associates	State NJ C Occupation Neurologisi Aggregate		Date of Receipt 12 09 2015 Transaction ID : 38851173 Amount of Each Receipt this Period 150.00
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PAGE 14 OF

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Δ	Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella				Date	of	Rei	ceint					
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 15 OF

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A. Dr. James C. Stevens				Date o	t Re	eceipt					
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PAGE 16 OF

42

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$\langle \rangle$	American Academy of Neurolog	y BrainP	AC													
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_	Full Name (Last, First, Middle Initial)															
в.	Dr. Maryann D. Hooker			_	Date o	t Red	ceipt									
	Mailing Address 71 Talbot Ct		Zip Code		^M 12	1	D 11		2015	Y						
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Lynne P. Taylor				Date o	f Red	ceipt									
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PAGE 17 OF

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American Academy of Neurolog	y BrainP	AC									
Full Name (Last, First, Middle Initial) A. Dr. Smaranda Andreia Galis				Date o	f Re	eceipt					
Mailing Address 508 Fordsmere Rd				^M M	/	13) / Y		ү 015	Y	
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Full Name (Last, First, Middle Initial) C. Dr. Kent T. Ellington				Date o	f Re	eceipt					
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SCHEDULE A (FEC Form 3X) ľ

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PAGE 18 OF

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	American Academy of Neurolog	gy BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. David M. Labiner				Date o	f Re	eceipt					
	Mailing Address 1501 N Campbell Ave Rm 62	05			M M	/	DD		Y Y	Y	Y	
	Box 245023 Neurology	01-11-	7		12		16	J L		015		
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В.	Full Name (Last, First, Middle Initial) Dr. Ted M. Burns				Date o	f Re	eceipt					
	Mailing Address 1943 Lewis Mountain Rd				12	/	16	/ Y)15	Y	
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C.	Full Name (Last, First, Middle Initial) Dr. Robert Scott Duff				Date o	f Re	eceipt					
	Mailing Address 5931 S Northernridge Rd				^M 12	/	D D 15			ү)15	Y	
	City	State	Zip Code		Trans	sact	ion ID :	388655	34			
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PAGE 19 OF

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NAME OF COMMITTEE (In Full) American Academy of Neurolog				2 10 30							<u>.</u>
Full Name (Last, First, Middle Initial) Dr. Terrence L. Cascino Mailing Address 2931 Stone Park Dr NE City Rochester FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State MN C Occupation Neurologist Aggregate		1008.00			/ sact	ion ID :			5	0
Full Name (Last, First, Middle Initial) Dr. Gregory B. Kirkorowicz Mailing Address 26 Sage Crk City Irvine FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State CA C Occupation Neurologist Aggregate	Zip Code 92603-0411 Year-to-Date ▼	250.00			/ acti	16 on ID :		nis Pe		0
Full Name (Last, First, Middle Initial) Dr. Daniel C. Potts Mailing Address 136 Covey Chase City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer VA Receipt For: Primary General Other (specify)	State AL Occupation Physician Aggregate	Zip Code 35406-1801 Year-to-Date ▼	1700.00			/ sact	19 ion ID		nis Pe	5	
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PAGE 20 OF

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	American Academy of Neurol	ogy BrainP	AC							
Α.	Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller				Date	of F	Receipt			
	Mailing Address 34 Stonybrook Road				12	M	/		2015	Y
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В.	Full Name (Last, First, Middle Initial) Dr. Thomas M. Banas	·			Date	of F	Receipt			
	Mailing Address 11230 Dell Loch Way				12	M	/ D		2015	Y
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с.	Full Name (Last, First, Middle Initial) Dr. Glenn D. Graham	·			Date	of F	Receipt			
	Mailing Address 412 Griffin Avenue				M 12		/ 2		2015	Y
	City	State	Zip Code		Trar	isad	tion ID	: 3891051		
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PAGE 21 OF

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NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. Michael Medeiros Mailing Address 12137 S Hughes City Caruthers FEC ID number of contributing federal political committee. Name of Employer Aventist Health Receipt For: Primary General Other (specify) ▼	State CA C Occupation Neurologist Aggregate				sact	tion ID		his Peri	5	۲ ۵0
Full Name (Last, First, Middle Initial) B. Dr. Kenneth J. Gaines Mailing Address 209 Bay Poine Dr.		<u>A</u>	-	Date o	of Re	D	ר / ם	ŕřÝ		Ŷ
City Old Hickory FEC ID number of contributing federal political committee.	State TN	Zip Code 37138-1163					1 <u>: 389114</u> Receipt t	his Peri)0
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Full Name (Last, First, Middle Initial) Dr. Robert W. Fayle Mailing Address 5007 A Jackson City Houston FEC ID number of contributing federal political committee. Name of Employer Memorial Health Systems of East Texas Receipt For: Primary General Other (specify) ▼	State TX C Occupation Neurologist Aggregate		_		sact	tion ID		his Peri		
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PAGE 22 OF

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	American Academy of Neurol	ogy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Hutchinson				Da	te of	f Rec	eipt			
	Mailing Address 345 E 37th St Ste 320					12	/	22		201 <i>5</i>	Y
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	New York	NY	10016-3256						Receipt th	-	
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	Primary General		350.00	11.							
	Other (specify) ▼		1 1 1								
в.	Full Name (Last, First, Middle Initial) Dr. Cynthia L. Harden				Da	te of	f Rec	eipt			
	Mailing Address 10 Union Square East, Suit	Address 10 Union Square East, Suite 5D							D / Y	YY	Y
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	Full Name (Last, First, Middle Initial) Dr. Stanley J. Whitney				Da	te of	f Rec	eint			
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PAGE 23 OF

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	American Academy of Neurolog	gy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. N. Bruce Jenevein				Date of	of Re	eceipt				
	Mailing Address 6301 Gaston Ave Ste 100 West Tower				1.2	И /	23	/ Y) 15	Y
	City Dallas	State TX	Zip Code 75214-3922				<u>ion ID :</u> Each R			eriod	
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	Name of Employer Texas Neurology, PA	Occupation Neurologist									
	Receipt For:	-	Year-to-Date ▼								
	Other (specify)		500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Daragh Heitzman				Date of	of Re	eceipt				
	Mailing Address 6301 Gaston Ave Ste 400W 100 West Tower				12	/	23	/ Y	20) 15	Y
	City	State	Zip Code		Tran	sact	ion ID : :	3891316	<u>33</u>		
	Dallas	ТХ	75214-6237		Amour	nt of	Each R	eceipt tl	his P	eriod	
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	Receipt For:	Aggregate	Year-to-Date ▼								
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— C.	Full Name (Last, First, Middle Initial) Dr. Steven P. Herzog				Date of	of Re	eceipt				
	Mailing Address 6301 Gaston Ave Ste 400 West Tower				M 12	И /	23	/ Y)15	Y
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PAGE 24 OF

42

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	NAME OF COMMITTEE (In Full)									
	American Academy of Neurolo	gy BrainP	AC							
	Full Name (Last, First, Middle Initial) Dr. Joseph S. Kass				Date	of R	eceipt			
	Mailing Address 4903 Valerie				12	M	/ 23		2015	Y
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	Bellaire	TX	77401-5707	_	Amou	nt o	f Each	Receipt th	is Period	
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	Full Name (Last, First, Middle Initial) Dr. Keith Coffman				Date	of R	eceipt			
	Mailing Address 4119 W. 94th Terrace				12	M	/ 23		y y 2015	Y
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	Prairie Village	KS	66207-2713					Receipt th		
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	Children's Mercy Hospital	Self								
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	Full Name (Last, First, Middle Initial) Dr. Eroboghene E. Ubogu				Date	of R	eceipt			
	Mailing Address 5531 Lake Trace Drive				M 12		/ 23		2015	Y
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	The University of Alabama at Birmingha	Physician								
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PAGE 25 OF

42

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Mailing Address	292 Riverford Way				м м 12	/	24) / Y			Y	
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Mailing Address	2990 Blackburn St Apt. 1104				M M 12	/		/ Y			Y	
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Full Name (Last	t, First, Middle Initial) S. Gilmer				Date o	f Re	ceipt					
Mailing Address	2323 Dunstan Rd				M M	/) / Y			Y	
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PAGE 26 OF

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	American Academy of Neurolog	gy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Ralph F. Jozefowicz				Date o	f Re	eceipt				
	Mailing Address 78 Lac Kine Drive				M M	1	24) / Y		015	Y
	City	State	Zip Code		Trans	sact	tion ID :	3891334			
	Rochester	NY	14618-5608		Amoun	t of	Each R	Receipt thi	is F	'eriod	
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В.	Full Name (Last, First, Middle Initial) Dr. Lyell K. Jones				Date o	f Re	eceipt				
	Mailing Address 2055 Scenic View Lane SW				M M	1	24) / Y)15	Y
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<u></u>	Full Name (Last, First, Middle Initial) Dr. Sarah Song				Date o	f Re	eceipt				
	Mailing Address 2045 W. Concord Place, #40	5			12	/	24) / Y)15	Y
	City	State	Zip Code		Trans	sac	tion ID :	3891334	4		
	Chicago	IL	60647-5481		Amoun	t of	Each R	eceipt thi	is F	'eriod	
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PAGE 27 OF

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$\left\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Michael R. Yochelson				Date of	Re	eceipt					
	Mailing Address 3919 Commander Drive				^M M 12	/	D 24	4	/ Y) 15	Y
	City Hyattsville	State MD	Zip Code 20782-1025						8913345 ceipt this		eriod	
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	Full Name (Last, First, Middle Initial) Dr. Faisal M. Qazi				Date of	Re	eceipt					
	Mailing Address 1240 West Valencia Mesa Driv	e			м м 12	1	2		/ Y	ү 20 ⁻	ү 15	Y
	City Fullerton	State CA	Zip Code 92833-2221						3913359		ariad	
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	Name of Employer Inland Neurologic Consultants	Occupation Neurologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00									
с.	Full Name (Last, First, Middle Initial) Dr. Alireza Noorian				Date of	Re	eceipt					
	Mailing Address 20 Palatine Apt 434				м м 12	/	D 2		/ Y	ү 20	ү 15	Y
	City Irvine	State CA	Zip Code 92612-0640						8913360 ceipt this		eriod	
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	Kaiser Permanente	Neurologist	t	_								
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PAGE 28 OF

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NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	nPAC	
Full Name (Last, First, Middle Initial) A. Dr. Gregory J. Esper Mailing Address 2477 Oak Grove Estates City State Atlanta GA FEC ID number of contributing C Indefendence C Name of Employer Occupa Emory Receipt For: Primary General Other (specify) ▼ C	30345-3899	Date of Receipt 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	Date of Receipt
Spokane WA FEC ID number of contributing federal political committee. C Name of Employer Northwest Neurological Occupa Physicia	99203-3348	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Dr. Bruce Sigsbee Mailing Address 1199 Sennebec Rd City State Union ME FEC ID number of contributing C federal political committee. Occupa Penobscot Bay Medical Center Physicia Receipt For: Aggreg Other (specify) ▼ C	04862-4628	Date of Receipt M M / 25 2015 Transaction ID : 38913364 Amount of Each Receipt this Period 200.00 200.00
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 29 OF

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NAME OF COMMITTEE (In Full) American Academy of Neurol	ogy BrainP	AC						
Full Name (Last, First, Middle Initial) Dr. Allison Brashear Mailing Address 208 Hadley Ct City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Wake Forest Receipt For: Primary General Other (specify) ▼	State NC C Occupation Neurologist Aggregate	Zip Code 27106-4489 Year-to-Date ▼ 1000.00		12 Trans	action		his Period	
B. Full Name (Last, First, Middle Initial) Dr. Colleen Vanderkolk Mailing Address 704 Thurrock Circle	State	Zin Code		м м 12	f Receip	25	2015	Y
City Brentwood FEC ID number of contributing federal political committee.	State TN	Zip Code 37027-1504				ID: 389133 ch Receipt 1	his Period	i 5.00
Name of Employer St. Thomas Medical Partners Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 1020.00]					
Full Name (Last, First, Middle Initial) Dr. David W. Brandes Mailing Address 106 Autumn Woods Drive City Sweetwater FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼		Zip Code 37874-6482 Year-to-Date ▼ 1020.00		M M 12 Trans	action		his Period	
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 30 OF

42

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$\Big/$	American Academy of Neurology	y BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Alireza Minagar				Date of	f Re	eceipt					
	Mailing Address 8040 Captain Dillon Ct				M M	/	26	/ Y		у 015	Y	
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	Shreveport	LA	71115-4606		Amoun	t of	Each R	eceipt thi	is P	Period		
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	LA State University Health Sciences Ct	Physician										
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	Full Name (Last, First, Middle Initial) Dr. Terry D. Fife				Date of	f Do						
υ.	Mailing Address 9927 N. 123rd Street										14	
	Maining Address 9927 N. 12310 Street				12		27	/ Y)15	Y	
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	Scottsdale	AZ	85259-6026					eceipt thi		Period		
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	St. Joseph's Hospital	Neurologist										
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C.	Full Name (Last, First, Middle Initial) Dr. Leonard Sahn				Date of	f Re	eceipt					
	Mailing Address 5019 Elmgate				м м 12	/	28	/ Y)15	Y	
	City	State	Zip Code		Trans	sact	ion ID :	3891343	5			
	Orchard Lake	MI	48324-3014		Amoun	t of	Each R	eceipt thi	s P	Period		
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PAGE 31 OF

42

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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A, Dr, Arnie L, Hiller Mailing Address 3846 SE Alder St City Parlland OR 97214-3226 Field Name (Last, First, Middle Initial) Receipt For: Portnand VA / OHSO Prysician Receipt For: Portnand VA / OHSO Name of Employer Portnand VA / OHSO Name of contributing federal political committee. Date of Receipt for: Portnand VA / OHSO Name of contributing federal political committee. Date of Receipt for: Portnand VA / OHSO Name of contributing federal political committee. Date of Receipt for: Portnand VA / OHSO Name of contributing federal political committee. C Portnand VA / OHSO Prysician Receipt For: Portnand VA / OHSO Name of contributing federal political committee. C Portnand VA / OHSO Prysician Portnand VA / OHSO Prysician Portnand VA / OHSO Prysician Portnand VA / OHSO Portnand VA / OHSO Prysician Portnand VA / OHSO Prysician Portnand VA / OHSO Portnand VA / O	r					-					-	17
American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. Dr. Amie L. Hiller Mailing Address: 3846 SE Alder St City Pottand OR 97214-3226 FEC ID number of contributing federal political committee. Portiand VA / OHSO Physician Receipt For: Primary Gity State Z20.00 B. Dr. Wesley D. Reynolds Mailing Address: 4483 (dy/wild Cir City Mailing Address: 4483 (dy/wild Cir City Mare of Employer Pocupation Mailing Address: 4483 (dy/wild Cir City Mare of Employer Mare of Employer Mare of Employer Mare of Employer Occupation Mare of Employer Occupation Neurologist City Mailing Address 5748 Prospect Dr City Primary General Other (specify) ▼ Aggregate Year-to-												
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A. Dr. Amie L. Hiller Date of Receipt Mailing Address 3846 SE Alder St C City State Zip Code Portland OR 97214-3226 FEC ID number of contributing tederal political committee. C Transaction ID : 38913523 Name of Employer Occupation Physician Receipt For: Occupation Physician Portland VA OHSO Physician C B. Dr. Wesley D. Reynolds Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 4483 Idy/wild Cir C Transaction ID : 38913524 City State Zip Code Name of Employer Occupation Neurologist Receipt For: Primary General Occupation Name of Employer Occupation Neurologist Aggregate Year-to-Date ▼ Primary General Occupation Neurologist Aggregate Year-to-Date ▼ Primary General Occupation Neurologist Aggregate Year-to-Date ▼ Receipt For: Primary General C Zip Code Name of Employer Cocupation Neurologist<	American A	Academy of Neurolo	ogy BrainP	AC								
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City State Zip Code Transaction ID : 38913523 Portland OR 97214-3226 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20.00 Name of Employer Oocupation Physician Receipt For: Other (specify) ▼ 220.00 Date of Receipt B. Dr. Weskley D. Reynolds Mailing Address 4483 tdylwid Cir Date of Receipt City State Zip Code Transaction ID : 38913524 Las Vegas NV 89147-4982 Amount of Each Receipt Inis Period FEC ID number of contributing federal political committee. Occupation Neurologist Receipt For: Occupation Neurologist Amount of Each Receipt Inis Period City State Zip Code Transaction ID : 38913524 Amount of Each Receipt Inis Period C 20.00 Name of Employer Occupation Neurologist Receipt For: Aggregate Year-to-Date ▼ 12 2015 Transaction ID : 38913525 Aggregate Year-to-Date ▼ 12 2015 City State Zip Code Transaction ID : 389135	Mailing Address	3846 SE Alder St					/		D / Y			Y
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federal political committee. C 2000 Name of Employer Occupation Physician Receipt For: Primary General 220.00 B. Dr. Wesley D. Reynolds Mailing Address 4483 ldy/wild Cir Date of Receipt City State Zip Code Las Vegas NV 89147-4982 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Nike O'Calaghan Federal Medical Cente Occupation Nike O'Calaghan Federal Medical Cente Occupation Mailing Address 5748 Prospect Dr C City State Zip Code Mailing Address 5748 Prospect Dr Transaction ID : 33913524 Mascula MT S9808-8608 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Mailing Address 5748 Prospect Dr Transaction ID : 33913525 City State Zip Code Missoula MT S9808-8608 FEC ID number of contributing federal political committee. C Other (specify) v Occupation <td>Portland</td> <td></td> <td>OR</td> <td>97214-3226</td> <td></td> <td>Amoun</td> <td>t of</td> <td>Each F</td> <td>Receipt th</td> <td>nis Pe</td> <td>eriod</td> <td></td>	Portland		OR	97214-3226		Amoun	t of	Each F	Receipt th	nis Pe	eriod	
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PAGE 32 OF

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$\Big\rangle$	American Academy of Neurology	/ BrainP	AC													
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Earl Popwell Jr.				Date of	f Re	eceipt									
	Mailing Address 42 E. Fieldview Circle				м м 12	/	28) / Y	y 201	Y 15	Y					
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В.	Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor				Date of	f Re	eceipt									
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с.	Full Name (Last, First, Middle Initial) Dr. John W. Henson				Date of	f Re	eceipt									
	Mailing Address 1800 Howell Mill Road NW, Sui	te 62			^M M	/	28) / Y	201		Y					
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PAGE 33 OF

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Α.	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis				Date o	f R	eceipt				
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в.	Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson				Date o	of R	eceipt				
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<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gregory L. Barkley				Date o	of R	eceipt				
	Mailing Address 2890 Burlington St				M M	1	/ D D D 28	/ Y)15	Y
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PAGE 34 OF

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PAGE 35 OF

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	NAME OF COMMITTEE (In Full)		_										
$\Big)$	American Academy of Neurolog	y BrainP	AC										
Α.	Full Name (Last, First, Middle Initial) Dr. Kenneth J. Villa					Date o	fRe	eceipt					
	Mailing Address 4056 Saint James Pl					м м 12	/	28	/ Y	y 2015		ſ	
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	Other (specify)		/g /g	625.00									
B.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney					Date o	f Re	eceipt					
	Mailing Address 828 Homestead Dr					M M	1	29	/ Y	2015	У — 1 5		
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PAGE 36 OF

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	NAME OF COMMITTEE (In Full)												_		
	American Academy of Neurolog	gy BrainP	AC												
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R. Buchhalter				C	Date of	Re	eceipt							
	Mailing Address 1331 Windsor Street NW				ſ	м м 12	/	29			015	Y			
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В.	Full Name (Last, First, Middle Initial) Dr. Karen Lynn Parko				C	Date of	Re	eceipt							
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FEC Schedule A (Form 3X) Rev. 02/2003

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

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PAGE 37 OF

42

		Detailed Summary Page		11a		11b	11c	12	
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Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)									
ight angle American Academy of Neurold	ogy BrainP	AC							
Full Name (Last, First, Middle Initial) A. Dr. Patrick A. Griffith				Date o	f Re	eceipt			
Mailing Address 2946 Whisperwood Trail				м м 12	/	29		2015	Y
City	State	Zip Code			acti		: 3891441		
East Point	GA	30344-3913		Amoun	t of	Each I	Receipt th	nis Perior	k
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Name of Employer	Occupation	1							
Morehouse School of Medicine	Neurologist	t							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)		350.00	4						
Full Name (Last, First, Middle Initial) B. Dr. Paul C. Miller				Date o	f Re	eceipt			
Mailing Address 1722 Pine St Ste 700				^M M	/	29		2015	Y
City	State	Zip Code		Trans	acti		: 3891441		
Montgomery	AL	36106-1125		Amoun	t of	Each I	Receipt th	nis Perior	b
FEC ID number of contributing federal political committee.	С					,		1000	0.00
Name of Employer Neurology Consultants of Montgomery	Occupation Neurologist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name (Last, First, Middle Initial) C. Dr. Manmohan Nayyar				Date o	f Re	ceipt			
Mailing Address 15007 Pamlico Rd				M M 12		29		2015	Y
City	State	Zip Code			sact		: 3891442		
Apple Valley	CA	92307-5005					Receipt th		d
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Name of Employer	Occupation	1	\neg						
Self	Physician								
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Other (specify)		2500.00							
SUBTOTAL of Receipts This Page (optional)								3650	0.00

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PAGE 38 OF

42

•••			Detailed Summary Page		X 11a		11b	11c		12		
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\backslash	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	American Academy of Neurolo	gy BrainP	AC									
А.	Full Name (Last, First, Middle Initial) Dr. David K. Urion				Date o	f Rec	ceipt					
	Mailing Address 3 Pierce Hill Road				м м 12	1	29	/ Y) 15	Y	
	City	State	Zip Code		Trans	actio	on ID :	3891452				
	Lincoln	MA	01773-3201		Amoun	t of E	Each R	eceipt th	is P	eriod		
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	Boston Childrens Hosp	Neurologist										
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в.	Dr. Anthony May			_	Date of							
	Mailing Address 1021 Wyndham Drive North				M M	1		/ Y		45	Y	
	City	State	Zip Code	_	12 T rong		29	2004 452		15	-	
	York	PA	17403-3417					<u>3891453</u> eceipt th		eriod		
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	Wellspan	Neurologist										
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с.	Full Name (Last, First, Middle Initial) Dr. Joseph Jankovic				Date o	f Rec	ceipt					
	Mailing Address 5312 Pine Street				M M 12	/	29	/ Y		15	Y	
	City	State	Zip Code		Trans	sactio	on ID :	3892211	5	_		
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	Baylor College Of Medicine	Neurologis	t									
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PAGE 39 OF

42

		Detailed Summary Page		X 11a		11b	11c	12	
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NAME OF COMMITTEE (In Full)									
American Academy of Neurolog	gy BrainP	AC							
Full Name (Last, First, Middle Initial) A. Dr. Robert M. Pascuzzi				Date c	of R	eceipt			
Mailing Address 355 W 16th St, GH 4700				12	1	29		2015	Y
City	State	Zip Code		Tran	sac		: 3892357		
Indianapolis	IN	46202-5124		Amour	nt o	f Each	Receipt th	nis Perioc	ł
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Indiana Univ Sch of Medicine	Neurologist								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)	L	1000.00	4						
Full Name (Last, First, Middle Initial) B. Dr. Lawrence E. Green				Date c	of R	eceipt			
Mailing Address 16060 Idaho Center Blvd				M N		29		2015	Y
City	State	Zip Code		Trans	sac	tion ID	: 3892358	1	
Nampa	ID	83687-5010		Amour	nt o	f Each	Receipt th	nis Perioc	ł
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Name of Employer Self	Occupation Neurologist								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		500.00	1						
Full Name (Last, First, Middle Initial) C. Dr. Dennis N. Bourdette				Date c	of R	eceipt			
Mailing Address 3181 SW Sam Jackson Park Dept of Neurology L226	Rd			M N	1	/ 29		2015	Y
City	State	Zip Code		Tran	sac	tion ID	: 3892358	35	
Portland	OR	97239-3011	_	Amour	nt o	f Each	Receipt th	nis Perioc	1
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Name of Employer	Occupation	1							
Oregon Health Sciences University	Neurologis	t							
Receipt For:	-	Year-to-Date ▼							
Primary General			11						
Other (specify)		500.00	4						
SUBTOTAL of Receipts This Page (optional)			<u> </u>					1900	0.00

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PAGE 40 OF

42

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\backslash	NAME OF COMMITTEE (In Full)										
	American Academy of Neurolog	y BrainP									
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew J. Murnane				Date of	Re	eceipt				
	Mailing Address 47 New Scotland Ave				M M	/	DD	/ Y		Y	Y
	MC-70, Dept of Neurology City	State	Zip Code		12 Trans	acti	30	3892358		015	
	Albany	NY	12208-3479	_				eceipt th		'eriod	
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	Name of Employer	Occupation									
	Albany Medical College	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Nancy T. Rodgers-Neame				Date of	Re	eceipt				
	Mailing Address 627 Belmont Ave				^M M	1	30	/ Y	Y 20) 15	Y
	City	State	Zip Code		Trans	acti	on ID :	3892360			
	Tampa	FL	33617-3802		Amount	t of	Each R	eceipt th	nis P	'eriod	
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	Name of Employer Self	Occupation Physician									
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С.	Full Name (Last, First, Middle Initial) Dr. Gretchen E. Tietjen				Date of	Re	eceipt				
	Mailing Address 4404 Miner Rd				^M 12	/	30	/ Y		y 015	Y
	City Ottawa Hills	State OH	Zip Code 43615-2228					389277			
			43013 2220		Amount	tot	Each R	eceipt th	ııs P	'eriod	
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	Name of Employer	Occupation									
	Univ of Toledo Receipt For:	Neurologist									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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PAGE 41 OF

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\backslash	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Academy of Neurolog	gy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Eliad Culcea				Date o	f R	eceipt				
	Mailing Address 44 Prospect Drive				12		23		Y 201		Y
	City	State	Zip Code			sact		3893380			
	Great Falls	MT	59405-4122		Amoun	it of	Each F	Receipt thi	is Per	iod	
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	Primary General			11.							
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в.	Full Name (Last, First, Middle Initial) Dr. Bunnie F. Richie				Date o	of Ro	eceipt				
	Mailing Address 9075 N 103rd Pl				12	/	28		2015		Y
	City	State	Zip Code			sact		38933901			
	Scottsdale	AZ	85258-5701					Receipt thi		iod	
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	Self Employed	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
<u></u>	Full Name (Last, First, Middle Initial) Dr. Madhav H. Bhat				Date o	of R	eceipt				
	Mailing Address 4108 Boca Trl				12 ^M		31		2015		Y
	City	State	Zip Code		Trans	sac	tion ID :	: 3893413			
	Fort Wayne	IN	46815-5779		Amoun	it of	Each F	Receipt thi	is Per	iod	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_																
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<u> </u>	Full Name (Last, First, Middle Initial)						-												
А.	Jim Renacci For Congress								sburse	-	-	VV	V						
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В.	SHORE PAC						Date	of Di	sburse	mer	nt								
	Mailing Address PO Box 3157						12		2	D 8	/ Y	у у 2015	Y						
	City S Long Branch	State NJ	Zip Code 07740				Transaction ID : 38913693												
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