

# 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2017 through 07 / 31 / 2017

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

Signature of Treasurer Engel, Timothy J., , Mr., [Electronically Filed] Date 08 / 21 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		182993.47
(b) Cash on Hand at Beginning of Reporting Period.....	187655.49	
(c) Total Receipts (from Line 19) .....	13719.85	232371.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	201375.34	415365.34
7. Total Disbursements (from Line 31).....	16000.00	229980.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	185375.34	185385.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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Page 3

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y 07 / 31 / 2017

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).....	9470.85	172103.19
(ii) Unitemized .....	4249.00	60268.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13719.85	232371.87
(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) .....	13719.85	232371.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13719.85	232371.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13719.85	232371.87

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	228500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1480.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1480.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16000.00	229980.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	229980.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13719.85	232371.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1480.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13719.85	230891.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
<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

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. Brock, Charles, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17307 San Aringo Pl

City Lutz	State FL	Zip Code 33548-4820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of South Florida	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2017

**Transaction ID : 41034362**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 27 Water Street

City Rockland	State ME	Zip Code 04841-3524
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2017

**Transaction ID : 41034363**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Greeley, David, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 E 27th Avenue

City Spokane	State WA	Zip Code 99203-3348
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwest Neurological PLLC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2017

**Transaction ID : 41034376**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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. Johnson, Nicholas, Elwood, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 02 / 2017  
**Transaction ID : 41034377**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Weathers, Allison, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8220 Woodberry Blvd AC220  
 City Chagrin Falls State OH Zip Code 44023-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.02

Date of Receipt 07 / 03 / 2017  
**Transaction ID : 41034388**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Yochelson, Michael, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3919 Commander Drive  
 City Hyattsville State MD Zip Code 20782-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedStar National Rehabilitation Hospit Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : 41034390**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	268.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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. Merren, Michael, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Westelm Gdns

City San Antonio	State TX	Zip Code 78230-2632
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) 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
07		05		2017

**Transaction ID : 41045713**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Kushner, Michael, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 Salem Street

City Wilson	State NC	Zip Code 27893-2137
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wilson Orthopaedic Surgery and Neurolo	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2017

**Transaction ID : 41045718**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2017

**Transaction ID : 41061527**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1009.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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. Etienne, Mill, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Coe Farm Road  
257 Lafayette Ave Ste 360

City Montebello State NY Zip Code 10901-2908

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

Name of Employer (for Individual) Good Samaritan Regional Medical Center Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 08 / 2017  
**Transaction ID : 41061529**

Amount of Each Receipt this Period 84.00

Memo Item

**B. Smith, Marsha, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 Shenandoah Court  
Braunlin Bldg Ste 102

City Portsmouth State OH Zip Code 45662-8660

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : 41061540**

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 6970 Broadway Terrace

City Oakland State CA Zip Code 94611-1950

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

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : 41061541**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 284.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<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. Cavalier, Steven, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3726 Ridgetop Dr  
 City Baton Rouge State LA Zip Code 70809-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : 41064278**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Jones, Lyell, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2055 Scenic View Lane SW  
 City Rochester State MN Zip Code 55902-2575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2017  
**Transaction ID : 41068813**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Yapundich, Robert, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 44th Ave. Court NE  
 City Hickory State NC Zip Code 28601-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neurology Associates P.A. Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 15 / 2017  
**Transaction ID : 41084303**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	334.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<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. Khan, Jaffar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 292 Riverford Way  
Department of Neurology

City Lawrenceville	State GA	Zip Code 30043-6416
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2017

**Transaction ID : 41084304**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 2931 Stone Park Dr NE

City Rochester	State MN	Zip Code 55906-7722
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : 41084594**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 11 Doud Dr  
MC127

City Los Altos	State CA	Zip Code 94022-2323
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : 41084595**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Hon, Sarah, Jane, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 Camelot Drive

City Liberty	State MO	Zip Code 64068-1190
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Meritas Health	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

**Transaction ID : 41087677**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Song, Sarah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2045 W. Concord Place #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rush University Medical Center	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : 41087852**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 4588 Cascades Drive  
Jacobsen Hall 1012 Dept of Neurolo

City Manlius	State NY	Zip Code 13104-2369
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SUNY - Upstate Medical University	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
636.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : 41087854**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	684.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
<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. Richie, Bunnie, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9075 N 103rd Pl  
Ste. #600

City Scottsdale State AZ Zip Code 85258-5701

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

Name of Employer (for Individual) Occupation (for Individual)  
Bunnie F. Richie DO PLC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
07 / 20 / 2017  
**Transaction ID : 41088731**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Koenig, Matthew, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Koko Head Ave  
Neuroscience Institute - QET5

City Honolulu State HI Zip Code 96816-3234

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

Name of Employer (for Individual) Occupation (for Individual)  
The Queen's Medical Center Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
07 / 21 / 2017  
**Transaction ID : 41091522**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 50 Park Row West  
Apt 621

City Providence State RI Zip Code 02903-1149

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

Name of Employer (for Individual) Occupation (for Individual)  
Southern New England Neurology Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2863.63

Date of Receipt  
07 / 21 / 2017  
**Transaction ID : 41091525**

Amount of Each Receipt this Period  
409.09

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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. Heatwole, Katharine, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4305 Alfriends Trail  
Suite 240

City Virginia Beach State VA Zip Code 23455-6101

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

Name of Employer (for Individual) Ocean Psychiatric Group P.C. Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : 41093771**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Kass, Joseph, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4903 Valerie  
Neurology Dept

City Bellaire State TX Zip Code 77401-5707

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

Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 23 / 2017  
**Transaction ID : 41093783**

Amount of Each Receipt this Period 84.00

Memo Item

**C. Cedarbaum, Jesse, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Old Barnabas Rd

City Woodbridge State CT Zip Code 06525-1923

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

Name of Employer (for Individual) Biogen Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 23 / 2017  
**Transaction ID : 41093785**

Amount of Each Receipt this Period 60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	244.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<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. Busis, Neil, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6934 Rosewood St

City Pittsburgh	State PA	Zip Code 15208-2639
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UPP Department of Neurology-Shadyside	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1112.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2017

**Transaction ID : 41093787**

Amount of Each Receipt this Period  
278.00

Memo Item

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

Mailing Address 1108 Ronds Pointe Dr. West

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

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

Name of Employer (for Individual) Tallahassee Neurology Associates	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2017

**Transaction ID : 41093791**

Amount of Each Receipt this Period  
90.00

Memo Item

**C. Coffman, Keith, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4119 W. 94th Terrace  
Suite 2503.16

City Prairie Village	State KS	Zip Code 66207-2713
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Children'S Mercy Hospitals and Clinics	Occupation (for Individual) Self
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2017

**Transaction ID : 41093792**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<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. Gilmer, William, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 Dunstan Rd  
Ste 1270

City Houston State TX Zip Code 77005-2613

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

Name of Employer (for Individual) Willam S Gilmer MD PA Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : 41093924**

Amount of Each Receipt this Period 85.00

Memo Item

**B. Mueller, Nancy, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Stonybrook Road

City Tenafly State NJ Zip Code 07670-1118

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

Name of Employer (for Individual) Institute of Neurological Care Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt 07 / 24 / 2017  
**Transaction ID : 41093925**

Amount of Each Receipt this Period 416.66

Memo Item

**C. Genevieve, Mary, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 Corralitos Avenue

City San Luis Obispo State CA Zip Code 93401-2611

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

Name of Employer (for Individual) Central Coast Neuro Medical Office Inc Occupation (for Individual) Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 24 / 2017  
**Transaction ID : 41093933**

Amount of Each Receipt this Period 84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	585.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<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. Minagar, Alireza, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) LSU Health Sciences Center	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : 41093934**

Amount of Each Receipt this Period  
56.00

Memo Item

**B. Milstein, Mark, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E 88th St Apt 4F  
EMG Lab

City New York	State NY	Zip Code 10128-1158
------------------	-------------	------------------------

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

Name of Employer (for Individual) Montefiore Medical Center	Occupation (for Individual) 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
07		24		2017

**Transaction ID : 41093937**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Moschonas, Constantine, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Four Peaks Neurology	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

**Transaction ID : 41093938**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	856.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<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. Brandes, David, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Autumn Woods Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

**Transaction ID : 41096136**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 1199 Sennebec Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

**Transaction ID : 41096137**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 208 Hadley Ct  
Medical Center Blvd

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

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

Name of Employer (for Individual) Wake Forest University	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

**Transaction ID : 41096138**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<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. Esper, Gregory, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2477 Oak Grove Estates  
 12 Executive Park Drive Office 288  
 City Atlanta State GA Zip Code 30345-3899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : 41096140**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Qazi, Faisal, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Neurology Group Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : 41096146**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Cardenas, Javier, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4135 N. 33rd St.  
 City Phoenix State AZ Zip Code 85018-4724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barrow Neurological Institute Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : 41097675**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<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. Banwell, Brenda, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Civic Center Blvd  
Division of Neurology

City Philadelphia	State PA	Zip Code 19104-3820
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Childrens Hospital of Philadelphia	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

**Transaction ID : 41097677**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 330 E 38th Street  
Apt 14D

City New York	State NY	Zip Code 10016-2768
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York University School of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1559.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : 41102361**

Amount of Each Receipt this Period  
225.00

Memo Item

**C. Kissela, Brett, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Road  
DEPT OF NEUROLOGY

City Montgomery	State OH	Zip Code 45242-6311
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Cincinnati Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1254.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

**Transaction ID : 41102362**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	518.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
<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. Ko, Melissa, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6009 Westcliffe Rd

City Jamesville	State NY	Zip Code 13078-9310
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Upstate Medical University	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : 41102363**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 770 Clacton Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : 41102364**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Platzer, Meril, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28404 Foothill Drive

City Agoura Hills	State CA	Zip Code 91301-2242
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Dr. Meril S. Platzer	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : 41102365**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<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. Jung Henson, Lily, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4785 Kitty Hawk Drive  
 City Atlanta State GA Zip Code 30342-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Henry Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2916.62

Date of Receipt 07 / 28 / 2017  
**Transaction ID : 41103186**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**B. Schwarz, Heidi, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Gorham St  
 City Canandaigua State NY Zip Code 14424-1805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) URMC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : 41103187**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Potts, Daniel, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 Covey Chase  
 City Tuscaloosa State AL Zip Code 35406-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : 41103729**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	666.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<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. Shefner, Jeremy, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6618 North 48th Street

City Paradise Valley	State AZ	Zip Code 85253-4056
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Barrow Neurological Institute	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103730**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Henson, John, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4785 Kitty Hawk Drive  
Suite 625

City Atlanta	State GA	Zip Code 30342-2506
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Healthcare Inc.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103733**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Killian, James, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10215 Sugar Hill  
#BCM609

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

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

Name of Employer (for Individual) Baylor College of Medicine-Dept.of Neu	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103734**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 30
	<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. Banas, Thomas, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11230 Dell Loch Way

City Fort Wayne	State IN	Zip Code 46814-8123
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1454.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103735**

Amount of Each Receipt this Period  
209.10

Memo Item

**B. Zagar, Dario, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Fairmount Terrace

City Fairfield	State CT	Zip Code 06825-1758
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Associated Neurologists of So. Ct.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103736**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Taylor, Carolyn, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4732 Lost Creek Lane

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

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

Name of Employer (for Individual) Swedish Neuroscience Institute	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103793**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	339.10
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 30
	<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. Beltran, Dario, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 Briarwood Ave Apt 303

City Midland	State TX	Zip Code 79707-2625
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Midland Memorial Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103794**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087-3808
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Hospital Medical Center of	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103795**

Amount of Each Receipt this Period  
225.00

Memo Item

**C. Lewis, Steven, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 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 (for Individual) Rush University Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : 41103846**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	476.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 30
	<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. Finney, Glen, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 Homestead Dr  
 City Dallas State PA Zip Code 18612-7227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Specialty Clinic Occupation (for Individual) Behavioral Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 28 / 2017  
**Transaction ID : 41103950**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

**B. McKinnon, Jonathan, Hart, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 N Buffalo Drive Suite B  
 City Las Vegas State NV Zip Code 89145-0301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : 41121500**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.34
<b>TOTAL</b> This Period (last page this line number only).....	9470.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Johnson For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 906		FEC Identification Number C C00476820 <b>Transaction ID : 41065388</b>
City Marietta	State OH	Zip Code 45750
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Johnson, Bill, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 06	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Bill Flores For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 6207		FEC Identification Number C C00472241 <b>Transaction ID : 41065389</b>
City Bryan	State TX	Zip Code 77805
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Candidate Name <b>Flores, Bill, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 17	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Mchenry For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 2165		FEC Identification Number C C00393629 <b>Transaction ID : 41065390</b>
City Gastonia	State NC	Zip Code 28053
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>McHenry, Patrick, Timothy, Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 10	Category/Type 011	

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Julia Brownley For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 2018		FEC Identification Number C00513077 <b>Transaction ID : 41065391</b>
City Thousand Oaks	State CA	Zip Code 91358
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Brownley, Julia, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 26	

Full Name (Last, First, Middle Initial) <b>B. Buddy Carter For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 10570		FEC Identification Number C00543967 <b>Transaction ID : 41065392</b>
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Carter, Buddy, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Kurt Schrader For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address PO Box 3314		FEC Identification Number C00446906 <b>Transaction ID : 41065393</b>
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Candidate Name <b>Schrader, Kurt, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 05	

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Brian Babin For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Mailing Address PO Box 159

FEC Identification Number

**C** C00553859

**Transaction ID : 41073147**  
Amount of Each Disbursement this Period

1000.00

Campaign Contribution  
 Memo Item

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**Babin, Brian, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 36

Full Name (Last, First, Middle Initial)  
**B. David Scott For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2017

Mailing Address P.O. Box 960821

FEC Identification Number

**C** C00369801

**Transaction ID : 41087762**  
Amount of Each Disbursement this Period

1000.00

Campaign Contribution  
 Memo Item

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**Scott, David, Albert, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: GA District: 13

Full Name (Last, First, Middle Initial)  
**C. Wenstrup For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2017

Mailing Address PO Box 9551

FEC Identification Number

**C** C00497818

**Transaction ID : 41087763**  
Amount of Each Disbursement this Period

1500.00

Campaign Contribution  
 Memo Item

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**Wenstrup, Brad, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 02

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SHORE PAC**

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Leadership PAC Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
07 / 26 / 2017

FEC Identification Number  
  
**Transaction ID : 41098400**  
Amount of Each Disbursement this Period  
  
Leadership PAC Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
Amount of Each Disbursement this Period  
  
 Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
Amount of Each Disbursement this Period  
  
 Memo Item

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

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