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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF T COMMITTEE (in full)	TYPE OR PRINT ▼			g, type	12FE4M	5	
NAME OF COMMITTEE (in full) TYPE OR PRINT V Example: if typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC DDRESS (number and street) 401 C St NE							
ADDRESS (number and street)	401 C St NE						
Check if different than previously	Washington				DC	20002	· · · · · · ·
2. FEC IDENTIFICATION NU	MBER V	CITY A		S	TATE 🔺	ZIP CO	DE 🔺
C C00435933			× NI			ENDED	
	Report						(Non-Election Year Only)
(a) Quarterly Reports:		· · · ·	-	, , , , , , , , , , , , , , , , , , ,			(Non-Election Year Only)
)			_			
Quarterly Report (Q2	PRE-Election						Runoli (12R)
Quarterly Report (Q3	3)		M M /		(in the	
Year-End Report (YE	-)	ection on				State o	f
	POST-Election		neral (30G))	Runoff (3	0R)	Special (30S)
	EI	ection on	M M /	D D /	Y Y Y Y		f
5. Covering Period 08			through				
-			dge and be	elief it is true	e, correct and	l complete.	
	Timothy J., , Mr.,	[Ela	ectronically	Filed] Da			
	ous, or incomplete inform	nation may subjec	ct the perso	on signing thi	s Report to th	-	-

PAGE 1 / 36

X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M D D M D T. 80 01 2018 08 31 2018 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 264505.25 January 1, 2018 (b) Cash on Hand at 186016.23 Beginning of Reporting Period..... 16311.90 271082.88 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 535588.13 202328.13 6(a) and 6(c) for Column B)..... 6000.00 339260.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 196328.13 196328.13 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

Report Covering the Period: From:	/ D1 / YYYY 01 2018	To: 08 / 0 0 / 9 9 9 9
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	11590.00	400045 70
(i) Itemized (use Schedule A)	11580.90	196615.70
(ii) Unitemized	3731.00	68967.18
(iii) TOTAL (add		47- 47- 47-
Lines 11(a)(i) and (ii)	15311.90	265582.88
(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	15311.90	265582.88
Totals to Line 33, page 5)▶	13311.30	
Transfers From Affiliated/Other	0.00	0.00
Party Committees		
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	-77	-77
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	1000.00	5500.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
Г	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),	46244.00	271082.88
12, 13, 14, 15, 16, 17, and 18(c))▶	16311.90	2/1002.00
. Total Federal Receipts		
	16311.90	271082.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 339000.00 and Other Political Committees... 6000.00 24. Independent Expenditures (use Schedule E).... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 260.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 260.00 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 Total Federal Election Activity (add (C) 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)).. 6000.00 339260.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 6000.00 339260.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	15311.90	265582.88
34. Total Contribution Refunds (from Line 28(d))	0.00	260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15311.90	265322.88
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
38. Net Operating Expenditures	0.00	0.

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

				for each category of the Detailed Summary Page	×	11a 13		-	11b 14		11c 15	1:		17
	y information copied from such Reports and Stater for commercial purposes, other than using the nar					or the		rpo	ose of		oliciting	contr	ibutio	ons
	NAME OF COMMITTEE (In Full) American Academy of Neurology E	BrainP	AC	2										
A.	Full Name of Individual (Last, First, Middle Initial) Camenga, David, L., Dr., Mailing Address 27 Water Street City Rockland FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Drga	Date of Receipt 08 01 2018 Transaction ID : 42508424 Amount of Each Receipt this Period 125.00 Memo Item											
	DAVID L CAMENGA MD Receipt For: Primary General Other (specify) ▼	ggregate		ogist ar-to-Date ▼ 750.00										
в.	Silver Spring FEC ID number of contributing federal political committee. Name of Employer (for Individual) American Academy of Neurology Receipt Epri	State MD C Occ Cor	upa	Zip Code 20910-6288 tion (for Individual) essional Representative ar-to-Date ▼ 387.50		mour	sact	f E	01		/ Y 2508427 ceipt thi	s Per	3)
C.	Palm Beach Gardens FEC ID number of contributing federal political committee. Name of Employer (for Individual) Comprehensive Neurology of the Palm Be Descript Form	State FL Occo Neu	upat	Zip Code 33418-1720 tion (for Individual)		mour	nt of	/ tic f E	02 01	42	/ Y 252130: ceipt thi	s Per	3	
s	UBTOTAL of Receipts This Page (optional)			•				,			9	4	12.50)
т	OTAL This Period (last page this line number only)		•••••	. [,	-	l	-		-	

SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _

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for each category of the Detailed Summary Page	🗡 11a 🗌 11b 🗍
Detailed Summary Lage	

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC										
Full Name of Individual (Last, First, Middle A. Yochelson, Michael, R., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2813 W Roxboro Rd NE			08 03 / Y Y Y Y Y 2018									
City Atlanta	State GA	Zip Code 30324-2916	Transaction ID : 42524167 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		84.00									
Name of Employer (for Individual) Shepherd Center		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00										
Full Name of Individual (Last, First, Middle Weathers, Allison, L., Dr., Mailing Address 8220 Woodberry Blvd	e Initial) or Full C	rganization Name	Date of Receipt									
City Chagrin Falls	State OH	Zip Code 44023-4526	Transaction ID : 42524169 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		84.00									
Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) urologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00										
Full Name of Individual (Last, First, Middle C. Zieman, Glynnis, , Dr.,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1858 W. Navarro Ave			08 / D D / Y Y Y Y Y 2018									
City Mesa	State AZ	Zip Code 85202-7444	Transaction ID : 42525410 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) rologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]									
SUBTOTAL of Receipts This Page (optional)		210.00									
TOTAL This Period (last page this line num	ber only)	,										

PAGE 7 OF

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	X 11a 11b

ידו			Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16]17								
	/ information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions	17								
$\overline{)}$	NAME OF COMMITTEE (In Full)		_										
/	American Academy of Neurology	/ BrainP/	AC										
A.	Full Name of Individual (Last, First, Middle Initia Perkins, Erik, , Dr.,	al) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 11660 Cypress Canyon Road			M M / D D / Y									
	City San Diego	State CA	Zip Code 92131-3756	Transaction ID : 42528545 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		209.00									
	Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group		pation (for Individual) sician	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1672.00]									
3.	Full Name of Individual (Last, First, Middle Initia Etienne, Mill, , Dr.,	al) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 19 Coe Farm Road			08 / D D / Y Y Y Y Y 2018									
	City Montebello	State NY	Zip Code 10901-2908	Transaction ID : 42528547 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		84.00									
	Name of Employer (for Individual) Bon Secours Charity Health System		pation (for Individual) rologist	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00]									
	Full Name of Individual (Last, First, Middle Initia Holtz, Steven, J., Dr.,	al) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 2009 Tampa Avenue			08 / D D / Y Y Y Y 08 09 2018									
	City Oakland	State CA	Zip Code 94611-2620	Transaction ID : 42529867 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Neur	pation (for Individual) ologist	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00]									
	JBTOTAL of Receipts This Page (optional)			393.00									

PAGE 8 OF

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
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	•	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Academy of Neu	rology BrainP	AC									
Full Name of Individual (Last, First, Mic Johnson, Nicholas, Elwood, Dr.,	,	Prganization Name	Date of Receipt								
Mailing Address 4580 Marshall Run Circ Apt 108	1		08 / D D / Y Y Y Y 2018								
City Glen Allen	State VA	Zip Code 23059-5901	Transaction ID : 42538326 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Virginia Commonwealth University		upation (for Individual) Irologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00									
Full Name of Individual (Last, First, Mic B. Smith, Marsha, , Dr.,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 94 Shenandoah Court	State	Zip Code	08 16 2018								
Portsmouth	OH	45662-8660	Transaction ID : 42538350 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual) Southern Ohio Medical Center		upation (for Individual) urologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00									
Full Name of Individual (Last, First, Mic Rutecki, Paul, A., Dr.,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1685 Highland Ave 7th Neurology Dept	1		08 / D D / Y Y Y Y 16 2018								
City Madison	State WI	Zip Code 53705-2281	Transaction ID : 42538351 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) University of Wisconsin		upation (for Individual) rologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00									
SUBTOTAL of Receipts This Page (option	,		242.00								
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PAGE 9 OF

Use separate schedule(s) for each category of the

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or	v information copied from such Reports and S or commercial purposes, other than using the																		
	NAME OF COMMITTEE (In Full)																		
/	American Academy of Neurolog	gy BrainP																	
۱.	Full Name of Individual (Last, First, Middle Ini Barkley, Gregory, L., Dr.,	tial) or Full C	Organi	zation Name	Date of Receipt														
	Mailing Address 2890 Burlington St				08 / 16 / 2018 Transaction ID : 42538352														
	City	State		Zip Code		Trans	acti	ion	n ID : 4	125383	52								
-	Ann Arbor	MI		48105-1435	_	Amount	of	Ea	ach Re	eceipt t	his Pe	riod							
	FEC ID number of contributing ederal political committee.	С			100.00 Memo Item														
	Name of Employer (for Individual) Henry Ford Hospital		upatio urolog	on (for Individual) iist		Me	emo	o Ite	em										
	Receipt For:	Aggregate	-																
	Primary General	, iggi ogale	ical																
	Other (specify) ▼	L	-	800.00															
	Full Name of Individual (Last, First, Middle Ini Kilgore, Shannon, M., Dr.,	tial) or Full C	Drgani	zation Name		Date of	Re	ecei	ipt										
	Mailing Address 11 Doud Dr				08 / D D / Y Y Y Y 2018														
	City	State		Zip Code		Trans	acti	ion	D : 4	253913	32								
-	Los Altos	CA		94022-2323	Amount of Each Receipt this Period														
	FEC ID number of contributing ederal political committee.	С				-				84.00	כ								
	Name of Employer (for Individual) /A Palo Alto HCS	Occ Phy	on (for Individual) n	Memo Item															
İ	Receipt For:	Aggregate	Year	-to-Date V															
	Primary General Other (specify) ▼		,	672.00															
	Full Name of Individual (Last, First, Middle Ini Cascino, Terrence, L., Dr.,	tial) or Full C	Organi	zation Name		Date of	Re	ecei	ipt										
	Mailing Address 2931 Stone Park Dr NE	Date of Receipt																	
	City	State		Zip Code	Transaction ID : 42539133														
-	Rochester	MN		55906-7722		Amount	of	Ea	ach Re	eceipt tl	his Pe	riod							
	FEC ID number of contributing rederal political committee.	С					y		, <u>,</u>		84.00)							
	Name of Employer (for Individual) Mayo Clinic		upatio urolog	on (for Individual) ist	Memo Item														
	Receipt For:	Aggregate	Year	-to-Date 🔻															
	Other (specify)		- J	672.00															
	JBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number							y		9	2	268.00)						

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

(check only one)

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36

				Detailed Summary Page	×			11b	11c	12	
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	ny information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)						-	-			
\rangle	American Academy of Neurology	BrainP	PAC	;							
/											
٨	Full Name of Individual (Last, First, Middle Initial) Cutsforth-Gregory, Jeremy, K., Dr.,	or Full C	Drga	nization Name		Date of		icoint			
Α.	Mailing Address 728 9th Street SW				-		_	· ·		YY	V
						08	<i>'</i>	17	, , т	2018	- 1
	City	State		Zip Code		Trans	acti	ion ID :	4253913	4	
	Rochester	MN		55902-6316		Amount	t of	Each F	leceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С								42	2.00
	Name of Employer (for Individual) Mayo Clinic		upa urolo	tion (for Individual)		M	emc	Item			
	Pagaint For:			<u> </u>	_						
	Primary General	Aggregate	Yea	ar-to-Date 🔻							
	Other (specify) V		7	336.00							
B	Full Name of Individual (Last, First, Middle Initial) Lee, Ikjae, , Dr.,	or Full C	Drga	nization Name		Date of	Be	ceipt			
	Mailing Address 3408 Surrey Hill Ln					M M	/	DE	/ Y	Y Y	Y
						08		17		2018	_
	City	State		Zip Code		Trans	acti	on ID :	4253913	7	
	Vestavia	AL	_	35243-1729		Amount	t of	Each F	leceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С						-		100	.00
	Name of Employer (for Individual) University of Alabama Birmingham		•	tion (for Individual) ogist		M	emc	Item			
	Receipt For:			ar-to-Date V							
	Primary General	.99.09									
	Other (specify) v		,	400.00							
C.	Full Name of Individual (Last, First, Middle Initial) Callaghan, Maureen, A., Dr.,	or Full C	Drga	nization Name		Date of	Re	ceipt			
	Mailing Address 744 Mandee St. SE					^M 08	/	D 17		2018	Y
	City	State		Zip Code		Trans	act	ion ID :	4253914	1	
	Lacey	WA		98513-7755		Amount	of	Each F	leceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С						,	, y	125	.00
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	\neg	M	emc	Item			
	Madigan Army Medical Center	Phy		()							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻							
	Other (specify)		-	375.00							
s	UBTOTAL of Receipts This Page (optional)			·····				y .		267	.00

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

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check d	only c	one)			
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Any information copied from such Reports and or for commercial purposes, other than using t								
NAME OF COMMITTEE (In Full)								
American Academy of Neurolo	ogy BrainP	AC						
Full Name of Individual (Last, First, Middle Absher, John, R., Dr.,	Initial) or Full C	Prganization Name	Date	of R	leceipt			
Mailing Address 10 Collins Creek Rd			0		/ D 20		ү ү 2018	Y
City Greenville	State SC	Zip Code 29607-3727				: 4255877 Receipt th	72 nis Period	
FEC ID number of contributing federal political committee.	С						42.0	00
Name of Employer (for Individual) Univ. SC SOM, Greenville		upation (for Individual) ırologist		Mem	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00						
Full Name of Individual (Last, First, Middle B. Clarke, Teryn, B., Dr.,	Initial) or Full C	organization Name	Date	of R	leceipt			
Mailing Address 1309 Mariners Dr			0		/ D 1		2018	Y
City Newport Beach	State CA	Zip Code 92660-4929				4255877	'4 his Period	
FEC ID number of contributing federal political committee.	С						42.0	00
Name of Employer (for Individual) Clarke Neurology		upation (for Individual) urologist		Mem	no Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		412.00]					
Full Name of Individual (Last, First, Middle Barnes, J., Todd, Mr.,	Initial) or Full C	organization Name	Date	of R	leceipt			
Mailing Address 3924 Pimlico Drive			M 0		/ D 20		ү 2018	Y
City Norman	State OK	Zip Code 73072-6521				: 4255878		
FEC ID number of contributing federal political committee.	С			unt o	T Each F	Receipt tr	his Period 42.0	00
Name of Employer (for Individual) OU Department of Neurology		upation (for Individual) iness Administrator		Merr	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00						
SUBTOTAL of Receipts This Page (optional).							126.0	00
TOTAL This Period (last page this line number	er only)	······			-	,		

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			for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17
or for commercial pu	urposes, other than using t		ay not be sold or used by any p ddress of any political committee		or the		oose		oliciting	contribu	tions
NAME OF COMM American A	AITTEE (In Full) cademy of Neurolo	ogy BrainP	AC								
A. Ichord, Rebect Mailing Address City Philadelphia FEC ID number of federal political co Name of Employe	2320 Pine ST	State PA C	rganization Name Zip Code 19103-6415 upation (for Individual) irologist Year-to-Date ▼ 400.00		mount	of	l ion l	20 I D : 4 /	/ Y 255879 ceipt thi	2018 6 is Period 100.	00
B. Lewis, Steve	bf contributing ommittee. er (for Individual) alth Network	State IL Occu Phy	rganization Name Zip Code 60035-5121 upation (for Individual) rsician Year-to-Date ▼ 1463.00		mount	of	on I	20 D:42	/ 2558799 ceipt thi	2018 9 is Period 209.	
c. Jones, Lyell	2055 Scenic View Lane SW of contributing ommittee. er (for Individual)	State MN C Occu Neu	rganization Name Zip Code 55902-2575 upation (for Individual) rologist Year-to-Date ▼ 672.00		mount	/ acti of	ion	20 ID : 4 th Red	255880	2018 5 is Period 84.	
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Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Academy of Neuro	logy BrainP	AC								
Full Name of Individual (Last, First, Middle A. Brower, Richard, D., Dr.,	Initial) or Full O	rganization Name		Date of	f Re	eceipt				
Mailing Address 801 Cincinnati Avenue				м м 08	/	20	/ Y	2018	Y B	Y
City	State	Zip Code		Trans	act	ion ID : 4	4255880	6		
El Paso	TX	79902-2433	A	mount	t of	Each Re	eceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С					-		10	0.00	0
Name of Employer (for Individual) Paul L. Foster School of Medicine		upation (for Individual) sician		M	emo	tem				
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Primary General	Ayyreyale									
Other (specify)		300.00								
Full Name of Individual (Last, First, Middle B. Greeley, David, R., Dr.,	Initial) or Full O	rganization Name		Date of	f Re	eceipt				
Mailing Address 1125 E 27th Avenue				м м 08	/	D D 20	/ Y	۲ 2018	Y S	Y
City	State	Zip Code		Trans	act	ion ID : 4	4255880	7		
Spokane	WA	99203-3348	A	mount	t of	Each Re	eceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	C					-		1	84.0	0
Name of Employer (for Individual) Northwest Neurological, PLLC		upation (for Individual) sician		M	emo	o Item				
Receipt For:	Aaareaate	Year-to-Date V								
Primary General										
Other (specify) V		, 672.00								
Full Name of Individual (Last, First, Middle Finney, Glen, R., Dr.,	Initial) or Full O	rganization Name		Date of	f Re	eceipt				
Mailing Address 828 Homestead Dr				M M 08	1	D D D 20	/ Y	2018		Y
City	State	Zip Code		Trans	sact	ion ID :	4255880	8		
Dallas	PA	18612-7227	A	mount	t of	Each Re	eceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С					, .	ÿ	20	08.3	4
Name of Employer (for Individual) Geisinger Specialty Clinic		upation (for Individual) avioral Neurology		M	emo	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1666.72								
SUBTOTAL of Receipts This Page (optional)		aga 1 aga 1 ara 1	· [,		39	92.3	4

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SCHEDULE A (FEC Form 3X)

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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu			
American Academy o	f Neurology BrainP/	AC	
Full Name of Individual (Last, F A. Anderson, Wayne, E., Dr.,	irst, Middle Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 400 Beale St #	402		08 / D D / Y Y Y Y Y 2018
City San Francisco	State CA	Zip Code 94105-4409	Transaction ID : 42558887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individu Self-Employed	,	upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	1
Full Name of Individual (Last, F 3. Koenig, Matthew, A., Dr.	•,	rganization Name	Date of Receipt
Mailing Address 1416 Koko Hea	ad Ave	Zip Code	08 / D D / Y Y Y Y 2018
Honolulu	HI	96816-3234	Transaction ID : 42558890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer (for Individu The Queen's Medical Center	,	upation (for Individual) rologist	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, F C. Vargas, Bert, B., Dr.,	irst, Middle Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 12749 Wolf Sr	are Dr.		08 / D D / Y Y Y Y 08 21 2018
City Frisco	State TX	Zip Code 75035-7047	Transaction ID : 42558891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individu University of Texas Southwester	rn Clini Neur	ipation (for Individual) ologist	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 336.00]
SUBTOTAL of Receipts This Pag			217.00

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American Academy of Neuro	ology BrainP	AC							
Full Name of Individual (Last, First, Middl Stevens, James, C., Dr.,	e Initial) or Full O	rganization Name	Date	of R	leceipt				
Mailing Address 12112 Aboite Center Rd			M 08	3	/ D D 21	/ Y	2018	Y	
City Fort Wayne	State IN	Zip Code 46814-9528			tion ID : 4 f Each Re			d	
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Name of Employer (for Individual) Allied Physicians, Inc.		upation (for Individual) sician		Mem	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1799.00]						
Full Name of Individual (Last, First, Middl 3. Patton, Eddie, L., Dr.,	e Initial) or Full O	rganization Name	Date	of R	leceipt				
Mailing Address 1819 Solana Springs Driv	re		00	М	/ D D D 22	/ Y	2018	Y	
City Sugar Land	State TX	Zip Code 77479-5558			tion ID : 4 f Each Re			d	
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Name of Employer (for Individual) Houston Methodist		upation (for Individual) rsician		Mem	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Middl Anderson, Eric, , Dr.,	e Initial) or Full O	rganization Name	Date	of R	leceipt				
Mailing Address 5921 Bayview Circle Sou	th		M 08		/ D D D 22	/ Y	2018 [°]	Y	
City Gulfport	State FL	Zip Code 33707-3929			tion ID : 4 f Each Re			d	
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Name of Employer (for Individual) Intensive Neuro		upation (for Individual) rologist		Mem	no Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1672.00]						
SUBTOTAL of Receipts This Page (optiona	l)				9		463	3.00	
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neuro	ology BrainP	AC	
Full Name of Individual (Last, First, Middle A. Groves, Jeffrey, , Dr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2 Snow Forest Cove			08 22 2018
City	State	Zip Code	Transaction ID : 42561325
Sandy	UT	84092-4311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Intermountain Healthcare	Neu	ırologist	
Receipt For:	Aggregate	Year-to-Date V	
Primary General		500.00	
Other (specify) v		500.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name	
B. Dixit, Shanker, N., Dr.,			Date of Receipt
Mailing Address 9701 Amber Peak Ct	Ototo	7:0.0	08 / D D / Y Y Y Y 2018
City	State NV	Zip Code 89144-0806	Transaction ID : 42561342
Las Vegas	INV	89144-0606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) Irologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
Full Name of Individual (Last, First, Middle C. Larsen, David, S., Dr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address Address 2237 N Clevelan	d Ave		08 / D D / Y Y Y Y 2018
City	State	Zip Code	Transaction ID : 42562155
Chicago	IL	60614-3748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Center for Headache Medicine Receipt For:		sician	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00]
SUBTOTAL of Receipts This Page (optiona	l)		1500.00
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or for commercial p	ourposes, other than using		ay not be sold or used by any p ddress of any political committe								
American A	Academy of Neurol	ogy BrainP	AC								
Full Name of Inc A. Khan, Jaffar, ,	dividual (Last, First, Middle , Dr.,	Initial) or Full O	rganization Name		Date of	Re	ceipt				
Mailing Address	292 Riverford Way				м м 08	/	D D 23	/ Y	y 201	ү 8	Y
City		State	Zip Code		Trans	acti	ion ID :	4256219	3		
Lawrenceville		GA	30043-6416		Amount	of	Each R	eceipt th	is Pei	riod	
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Name of Employ	ver (for Individual)	Occi	upation (for Individual)	_	Me	emo	Item				
Emory Healthcar			rologist								
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Primary	General	7.99.09uto		11.							
Other (spe	cify) 🔻		672.00								
Full Name of Inc B. Henson, Joh	dividual (Last, First, Middle	Initial) or Full O	rganization Name		Date of	Re	ceipt				
	4785 Kitty Hawk Drive				M M 08	/	D D D 23	/ Y	2018	Y 8	Y
City		State	Zip Code		Trans	acti	on ID : 4	4256219	4		
Atlanta		GA	30342-2506					eceipt th		riod	
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Name of Employ Piedmont Healtho	ver (for Individual) care, Inc.		upation (for Individual) sician		Me	emo	Item				
Receipt For:		Aggregate	Year-to-Date V								
Primary	General	33 - 3 - 4		11.							
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	dividual (Last, First, Middle n, Jesse, M., Dr.,	Initial) or Full O	rganization Name		Date of	Re	ceipt				
Mailing Address	16 Old Barnabas Rd				08 ^M	/	D D 23	/ Y	2018		Y
City		State	Zip Code		Trans	acti	ion ID :	4256219	15		
Woodbridge		СТ	06525-1923	/	Amount	of	Each R	eceipt th	is Per	riod	
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Name of Employ Biogen	ver (for Individual)		upation (for Individual) rologist		Me	emo	ltem				
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Primary Other (spe	General General		480.00]							
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a 11b 11c 12 14 15 16 17 ne purpose of soliciting contributions contributions from such committee. 16 17 of Receipt 23 2018 2018 msaction ID : 42562196 278.00 278.00 Memo Item 23 2018 278.00 Memo Item 42.00 42.00 Memo Item 42.00 42.00
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NAME OF COMMITTEE (In Full)										
American Academy of Neuro	ology BrainP	AC								
Full Name of Individual (Last, First, Middl A. Bickel, Jennifer, , Dr.,	e Initial) or Full C	organization Name		Date of	f Re	eceipt				
Mailing Address 3400 SW 22nd Street				^M 08	/	23			018	Y
City	State	Zip Code		Trans	act	ion ID :	4256220)6		
Blue Springs	MO	64015-7617		Amoun	t of	Each F	Receipt th	nis F	'eriod	
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Name of Employer (for Individual) Childrens Mercy Hospital Neurology		upation (for Individual) Irologist		M	emo	o Item				
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		700.00]							
Full Name of Individual (Last, First, Middl B. Moore, David, Brian, Dr.,	e Initial) or Full C	organization Name		Date of	f Re	eceipt				
Mailing Address 3411 Honeysuckle Road				M M 08	1	23) 18	Y
City	State	Zip Code		Trans	act	ion ID :	4256287	9		
Ames	IA	50014-4619		Amoun	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	С						-		250.0	00
Name of Employer (for Individual) McFarland Clinic		upation (for Individual) urologist		M	emo	o Item				
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Primary General Other (specify) ▼		250.00]							
Full Name of Individual (Last, First, Middl C. Song, Sarah, , Dr.,	e Initial) or Full C	organization Name		Date of	f Re	eceipt				
Mailing Address 2045 W. Concord Place,	#405			08 ^M	1	D 24) 18	Y
City	State	Zip Code		Trans	sact	tion ID :	4256323	32		
Chicago	IL	60647-5481	/	Amoun	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	C					y	9	_	105.0	00
Name of Employer (for Individual) Rush University Medical Center		upation (for Individual) rologist		М	em	o Item				
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Primary General Other (specify)		861.00]							
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	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Academy of Neurolog	gy BrainP	AC								
Α.	Full Name of Individual (Last, First, Middle Ini Ghacibeh, Georges, A., Dr.,	tial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 47 Birch St				м м 08	/	D 2	р 4	/ Y	y y 2018	Y
	City	State	Zip Code		Trans	acti	ion ID	: 4	256323	4	
	Englewood Cliffs	NJ	07632-1519	A	mount	of	Each	Re	ceipt th	is Period	
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	Name of Employer (for Individual) Progressive Neurology		upation (for Individual) Irologist		Me	emo	Item				
	Receipt For:										
	Primary General	Aggregate	Year-to-Date ▼								
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в.	Full Name of Individual (Last, First, Middle Ini Genevieve, Mary, S., Dr.,	tial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 1289 Manzanita Way				м м 08	/	2	D 4	/ Y	у у 2018	Y
	City	State	Zip Code		Trans	acti	on ID	: 4	256323	8	
	San Luis Obispo	CA	93401-7838	A						is Period	
	FEC ID number of contributing federal political committee.	С					-		- yr.	84.	00
	Name of Employer (for Individual) Central Coast Neuro Medical Office, In		upation (for Individual) urologist		Me	emo	Item				
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	Primary General	Ayyreyale	Year-to-Date ▼								
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с.	Full Name of Individual (Last, First, Middle Ini Milstein, Mark, , Dr.,	tial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 111 E 88th St Apt 4F				м м 08	/	D 2	24	/ Y	2018	Ŷ
	City	State	Zip Code		Trans	acti	ion ID):4	256324	10	
	New York	NY	10128-1158	A	mount	of	Each	Re	ceipt th	is Period	
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	Name of Employer (for Individual) Montefiore Medical Center		upation (for Individual) rologist		Me	emo	ltem				
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<u> </u>	NAME OF COMMITTEE (In Full) American Academy of Neurology Bra											
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Gilmer, William, S., Dr.,	Full Org	anization Name		ate of	Re	ecei	pt				
	Mailing Address 2323 Dunstan Rd				м м 08	1		24	1	Y Y 20	018	Y
	City Sta Houston TX		Zip Code 77005-2613		Trans mount						Period	
	FEC ID number of contributing federal political committee.				_		7		95		85.0	0
	Name of Employer (for Individual) Willam S Gilmer MD PA	Occup Neuro	ation (for Individual) logist		Me	emo) Ite	em				
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B.	Full Name of Individual (Last, First, Middle Initial) or Mueller, Nancy, L., Dr.,	Full Org	anization Name		ate of	Re	ecei	pt				
	Mailing Address 34 Stonybrook Road		7.0.0		08	1		24	/	Y Y 20)18	Y
	City Sta Tenafly N.		Zip Code 07670-1118		Trans: mount		-				Period	
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	Receipt For: Aggr Primary General Other (specify) ▼	egate Ye	ear-to-Date ▼ 3333.92									
C.	Full Name of Individual (Last, First, Middle Initial) or Gomez, Rene, , Dr.,	Full Org	anization Name		ate of	Re	cei	pt				
	Mailing Address 7 Michael Way		Zin Oode		08 -	1	L	24		20)18)	Y
	City Sta Pennington N		Zip Code 08534-9610	A	Trans mount						Period	
	FEC ID number of contributing federal political committee.			ļ	_		y		,		250.0	0
	Name of Employer (for Individual) Lawrenceville Neurology Center	Physic			Me	emo	o Ite	əm				
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	NAME OF COMMITTEE (In Full) American Academy of Neurology B	BrainP	AC									
Α.	Full Name of Individual (Last, First, Middle Initial) of Brashear, Allison, , Dr., Mailing Address 208 Hadley Ct	or Full C	Organization Name		Date of	Re ′		ipt 25	/		018	Ŷ
	,	State NC	Zip Code 27106-4489		Trans			n ID : 4	425657 eceipt t	95	-	
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	Name of Employer (for Individual) Wake Forest University Receipt For: Ag Primary General Other (specify) ▼	Neu	upation (for Individual) urologist Year-to-Date ▼ 640.00		Me	emo	o Ite	em				
в.	Full Name of Individual (Last, First, Middle Initial) of Coffman, Keith, , Dr., Mailing Address 4119 W. 94th Terrace	or Full C	Organization Name		Date of	Re ′	_	D ■ D	/		Ŷ	Ŷ
	Prairie Village	State KS	Zip Code 66207-2713						125657 eceipt t	96)18 Period	
	federal political committee.	Occ	upation (for Individual)		Me	emo) Ite	em	<u> </u>	_	50.0	0
	Children'S Mercy Hospitals and Clinics Receipt For: Ag Primary General Other (specify) ▼	gregate	f Year-to-Date ▼ 400,00									
C.	Full Name of Individual (Last, First, Middle Initial) of Cha, Yoon-Hee, , Dr., Mailing Address 4313 South Retana Avenue	or Full C	Organization Name		Date of	Re		ipt □ □ □		v	Y	Y
	City	State OK	Zip Code 74011-1398	A	08 Trans		ion	25 ID:4	4 25658 eceipt t	20 802)18	
	Name of Employer (for Individual) Laureate Institute for Brain Research Receipt For: Ag Primary General Other (specify) Image: Constraint of the second se	Neu	upation (for Individual) irologist Year-to-Date ▼ 504.00		Me	emo	o Ite	em				
s	UBTOTAL of Receipts This Page (optional)		•	[7		,		214.0	0
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Any information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
American Academy of Neuro	ology BrainP	AC							
Full Name of Individual (Last, First, Middl A. Sanders, Amy, E., Dr.,	e Initial) or Full C	rganization Name	[Date of	Re	ceipt			
Mailing Address 4588 Cascades Drive				M M 08	/	25	/ Y	y y 2018	Y
City	State	Zip Code		Trans	acti	on ID :	4256580	13	
Manlius	NY	13104-2369	A	Amount	of	Each R	eceipt th	nis Perio	d
FEC ID number of contributing federal political committee.	C					,		100	0.00
Name of Employer (for Individual) SUNY - Upstate Medical University		upation (for Individual) Irologist		Me	emo	Item			
Receipt For:		0	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		800.00							
Full Name of Individual (Last, First, Middl B. Govindarajan, Raghav, , Dr.,	e Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 103 Knollwood CT				M M 08	/	25	/ Y	2018	Y
City	State	Zip Code		Trans	acti	on ID :	4256580	5	
Columbia	MO	65203-6907	A				eceipt th		d
FEC ID number of contributing federal political committee.	С					7		112	2.00
Name of Employer (for Individual) University of Missouri		upation (for Individual) sident		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	/ iggi egute								
Other (specify) ▼		560.00							
Full Name of Individual (Last, First, Middl C. Reynolds, Wesley, D., Dr.,	e Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 3735 Yates St				08	/	D D D 26	/ Y	2018	Y
City	State	Zip Code		Trans	acti	ion ID :	4256582	29	
Denver	CO	80212-2040	/	Amount	of	Each R	eceipt th	iis Perio	d
FEC ID number of contributing federal political committee.	C					y	, ,	100	0.00
Name of Employer (for Individual) Centura Health		upation (for Individual) rologist		Me	emo	Item			
Receipt For:	I	Year-to-Date ▼							
Primary General Other (specify)	Aygregate	640.00							
SUBTOTAL of Receipts This Page (optiona	l)					<u>,</u>	9	312	2.00

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EMIZED RECEIPTS		for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12
		Detailed Summary Page	
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Neurolo	ogy BrainP	AC	
Full Name of Individual (Last, First, Middle I Prusinski, Christopher, , Dr.,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 119 Lansing Island			08 26 Y Y Y Y Y 08 26 2018
City	State	Zip Code	Transaction ID : 42565830
Indian Harbour Beach	FL	32937-5354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		220.00
Name of Employer (for Individual) Www.Neuro-Speed.com		upation (for Individual) rologist	Memo Item
Receipt For:		Year-to-Date ▼	
Primary General	Aggregate		-
Other (specify)		1624.00	
Full Name of Individual (Last, First, Middle I Sermersheim, Michael, A., Dr.,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 1253 Eagle Crest Dr			08 26 2018
City	State	Zip Code	Transaction ID : 42565831
Greenwood	IN	46143-8325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) JWM Neurology		upation (for Individual) Irologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 588.00	1
Full Name of Individual (Last, First, Middle I	nitial) or Full C	reanization Name	-
Lowden, Max, R., Dr.,			Date of Receipt
Mailing Address 116 Scenic Ridge Drive			08 26 2018
City	State	Zip Code	Transaction ID : 42565832
Hummelstown	PA	17036-6901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
Penn State Hershey Medical Center		rologist	
Receipt For:		-	
Primary General	Ayyreyale	Year-to-Date V	-
Other (specify)		336.00	
		<u>ap i i ap i i an i</u>	346.00

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		for each category of the Detailed Summary Page	×	11a 13] 11 14		11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the		pos	se of s	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) American Academy of Neuro	logy BrainP	AC								
Full Name of Individual (Last, First, Middle A. Allison, Tyler, Jared, Dr.,	e Initial) or Full O	rganization Name	C	Date of	Re	ecei	pt			
Mailing Address 9220 Larsen Dr	State	Zip Code	_ [08 Trans	/ acti	L	26	256583	2018	Y
Overland Park	KS	66214-2125	A						nis Period	
FEC ID number of contributing federal political committee.	С		[-			84.	00
Name of Employer (for Individual) Children's Mercy Hospital		upation (for Individual) rologist		Me	emo	o Ite	əm			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 588.00								
Full Name of Individual (Last, First, Middle B. Kopinski, Jason, , Mr.,	e Initial) or Full O	rganization Name		Date of	Re	ecei	pt			
Mailing Address 201 Chicago Ave				м м 08	/		26	/ Y	y y 2018	Y
City Minneapolis	State MN	Zip Code 55415-1126				-		256583 ceipt th	7 his Period	
FEC ID number of contributing federal political committee.	С					7		-	91.	00
Name of Employer (for Individual) American Academy of Neurology		upation (for Individual) outy Executive Director		Me	emo	o Ite	əm			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 637.00								
Full Name of Individual (Last, First, Middle C. Gao, Xiao-Ke, , Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ecei	pt			
Mailing Address 102 Sheephill Road				м м 08	/		26	/ Y	2018	Y
City Riverside	State CT	Zip Code 06878-1121	A					256583 ceipt th	39 nis Period	
FEC ID number of contributing federal political committee.	С					9		, ,	100.	00
Name of Employer (for Individual) Self-Employed		upation (for Individual) rologist		Me	ema	o Ite	em			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00								
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NAME OF COMMITTEE (In Full)		_									
American Academy of Neuro	ology BrainP	AC									
Full Name of Individual (Last, First, Middle), Weisleder, Pedro, , Dr.,	le Initial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 7934 Caraway Ave				м м 08	/	26		/ Y	2018		
City	State OH	Zip Code		Transa	acti	on ID	: 42	565842	2		
Dublin		43016-6500	/	Amount	of	Each	Rece	eipt thi	s Peri	bd	
FEC ID number of contributing federal political committee.	C					-		-	3	0.00)
Name of Employer (for Individual) Nationwide Children'S Hospital		upation (for Individual) Irologist		Me	emo	Item					
Receipt For:		Year-to-Date ▼									
Primary General	7.99109410	210.00	1								
Other (specify) v		210.00									
Full Name of Individual (Last, First, Midd 3. Beltran, Dario, , Dr.,	le Initial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 4805 Briarwood Ave Apt	303			м м 08	/	26		/ Y	2018		Γ
City	State	Zip Code		Transa	acti	on ID	: 425	56584	5		
Midland	ТХ	79707-2625	A	Amount		-				bd	
FEC ID number of contributing federal political committee.	C							- J -	E	0.00)
Name of Employer (for Individual) Midland Memorial Hospital		upation (for Individual) Irologist		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]								
Full Name of Individual (Last, First, Midd	le Initial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 9075 N 103rd Pl				M M 08	/	26		/ Y	2018		7
City Scottsdale	State AZ	Zip Code 85258-5701		Trans		-			-	_	
	7.2	03230-3701	/	Amount	of	Each	Rece	eipt thi	s Peri	bd	
FEC ID number of contributing federal political committee.	C				_	,	_	y	Ę	4.00)
Name of Employer (for Individual) Bunnie F. Richie, DO, PLC		upation (for Individual) sician		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 588.00]								
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line nun	,					,	-	, ,	17	4.00)

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ITEMIZED RECEIPTS		Detailed Summary Page	×	11a] 11	b	11c	1	12	
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Any information copied from such Reports an or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)		4.0									
American Academy of Neuro	biogy BrainP	AC									
Full Name of Individual (Last, First, Middle Cardenas, Javier, , Dr.,	e Initial) or Full C	rganization Name	D	ate of	Re	ecei	pt				
Mailing Address 4135 N. 33rd St.				м м 08	/	Γ	26	/ Y	201	18 18	Y
City	State	Zip Code		Trans	acti	ion	ID : 4	425658	47		
Phoenix	AZ	85018-4724	A	mount	of	Ea	ch Re	eceipt t	his Pe	riod	
FEC ID number of contributing federal political committee.	C					- -				42.0	0
Name of Employer (for Individual) Barrow Neurological Institute		upation (for Individual) sician	- [Me	emo) Ite	əm				
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		336.00									
Full Name of Individual (Last, First, Middle B. Platzer, Meril, S., Dr.,	l e Initial) or Full C	rganization Name		ate of	Re	ecei	pt				
Mailing Address 28404 Foothill Drive				м м 08	1	ľ	27	/ Y	201	8	Y
City	State	Zip Code		Trans	acti	on	ID : 4	1256580	67		
Agoura Hills	CA	91301-2242	A	mount	of	Ea	ch Re	eceipt t	his Pe	riod	
FEC ID number of contributing federal political committee.	С					-			1	100.00	0
Name of Employer (for Individual) Dr. Meril S. Platzer		upation (for Individual) /sician		Me	emo) Ite	əm				
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		700.00									
Full Name of Individual (Last, First, Middle C. Brandes, David, W., Dr.,	e Initial) or Full C	rganization Name		ate of	Re	ecei	pt				
Mailing Address 106 Autumn Woods Drive				^M 08	/		27	/ Y	201		Y
City	State	Zip Code		Trans	acti	ion	ID :	425658	68		
Sweetwater	TN	37874-6482	A	mount	of	Ea	ch Re	eceipt t	his Pe	riod	
FEC ID number of contributing federal political committee.	C					,		. ,	_	85.0	0
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	o Ite	em				
Hope Neurology		rologist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General											
Other (specify)		680.00									
SUBTOTAL of Receipts This Page (optiona	l)		. [,			2	227.00	0
TOTAL This Period (last page this line num	ber only)					-			_		

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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Neuro	ology BrainPAC	
Full Name of Individual (Last, First, Middl Miesman, Janice, F., Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 330 E 38th Street Apt 14D		08 27 2018
City	State Zip Code	Transaction ID : 42565871
New York	NY 10016-2768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
New York University	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		_
Other (specify) ▼	1800.00	
Full Name of Individual (Last, First, Middl B. Kissela, Brett, M., Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 9878 Zig Zag Road		M M / D D / Y Y Y Y 08 27 2018
City	State Zip Code	Transaction ID : 42565872
Montgomery	OH 45242-6311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer (for Individual) University of Cincinnati Hospital	Occupation (for Individual) Neurologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1672.00	
Full Name of Individual (Last, First, Middl C. Sivaswamy, Lalitha, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3901 Beaubien Blvd. Pediatric Neurology-3rd F	-loor-Main	08 27 2018
City Detroit	State Zip Code MI 48201-2119	Transaction ID : 42575460 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) Children's Hospital of Michigan	Occupation (for Individual) Neurologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	 I)	• 684.00

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FEC Schedule A (Form 3X) Rev. 06/2016

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or for commercial purposes, other than using the name and address of any point of the name and address of any point of the name and address of any point of the name of address of any point of the name and address of any point of the name of address of any point of the name of address of any point of the name and address of	Ame Date of Receipt 08 / 27 / 2018 Transaction ID : 42575484 Amount of Each Receipt this Period
American Academy of Neurology BrainPAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Nar Sachdev, Noor, , Dr., Mailing Address 2577 Samaritan Dr. #840 City State Zip Code	Date of Receipt 08 27 2018 Transaction ID : 42575484 Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle Initial) or Full Organization Nar A. Sachdev, Noor, , Dr., Mailing Address 2577 Samaritan Dr. #840 City State Zip Code	Date of Receipt 08 27 2018 Transaction ID : 42575484 Amount of Each Receipt this Period
A. Sachdev, Noor, , Dr., Mailing Address 2577 Samaritan Dr. #840 City State Zip Code	Date of Receipt 08 27 2018 Transaction ID : 42575484 Amount of Each Receipt this Period
City State Zip Code	08 27 2018 Transaction ID : 42575484 41115 Amount of Each Receipt this Period
	Amount of Each Receipt this Period
San Jose CA 95124-4	
	300.00
FEC ID number of contributing federal political committee.	
Name of Employer (for Individual) Occupation (for Ind Noor Sachdev, MD Neurologist	dividual) Memo Item
Dessint For	
Primary General Aggregate Year-to-Date ▼	·
Other (specify)	300.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Nar B. Schwarz, Heidi, B., Dr.,	ame Date of Receipt
Mailing Address 90 Gorham St	08 28 2018
City State Zip Code	Transaction ID : 42575603
Canandaigua NY 14424-18	
FEC ID number of contributing federal political committee.	100.00
Name of Employer (for Individual)Occupation (for IndURMCPhysician	dividual) Memo Item
Receipt For: Aggregate Year-to-Date ▼	▼
Primary General	
Other (specify)	800.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Nar C. Sumner, Austin, J., Dr.,	Date of Receipt
Mailing Address 625 Saint Charles Ave Apt 10C	08 / D D / Y Y Y Y 08 28 2018
City State Zip Code	Transaction ID : 42575604
New Orleans LA 70130-34	421 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	150.00
Name of Employer (for Individual)Occupation (for IndLouisiana State Univ NeurologyNeurologist	dividual) Memo Item
Receipt For: Aggregate Year-to-Date ▼	V
Primary General	
Other (specify)	450.00
SUBTOTAL of Receipts This Page (optional)	550.00

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FEC Schedule A (Form 3X) Rev. 06/2016

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\backslash	NAME OF COMMITTEE (In Full)	.											
$\Big $	American Academy of Neurolo	gy BrainP	PAC	;									
Α.	Full Name of Individual (Last, First, Middle In Potts, Daniel, C., Dr.,	nitial) or Full C	Drgar	nization Name	[Date of	Re	eceipt					
	Mailing Address 136 Covey Chase					M M 08	1	D 2		/ Y)18	Y
	City	State		Zip Code		Trans	acti	ion ID	: 4	257560	5		
	Tuscaloosa	AL		35406-1801	A	Amount	t of	Each	Re	ceipt th	is P	eriod	
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	Name of Employer (for Individual) Tuscaloosa Veterans Affairs Medical Ce		upat /sicia	ion (for Individual) an		M	emc) Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General	, iggi oguto	.00										
	Other (specify)		-	1200.00									
	Full Name of Individual (Last, First, Middle In Gamaldo, Charlene, , Dr.,	nitial) or Full C	Drgai	nization Name	[Date of	Re	eceipt					
	Mailing Address 600 N. Wolfe Street Meyer 6-113					м м 08	1	D 2	D 8	/ Y	ү 20	ү 18	Y
	City	State		Zip Code		Trans	acti	ion ID	: 4	257560	6		
	Baltimore	MD		21287-0005	A	Amount	t of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-7-	_	42.0	0
	Name of Employer (for Individual) Johns Hopkins University		cupat urolc	tion (for Individual) ogist		M	emc) Item					
	Receipt For:	Aggregate	Yea	ır-to-Date ▼									
	Primary General				11.								
	Other (specify) v		y	, 336.00									
	Full Name of Individual (Last, First, Middle In Cohen, Bruce, H., Dr.,	nitial) or Full C	Drgar	nization Name		Date of	Re	eceipt					
	Mailing Address 3141 Neille Lane					^M 08	1	D 2	8	/ Y	ү 20	18 [°]	Y
	City	State		Zip Code		Trans	act	ion ID):4	257560	9		-
	Twinsburg	OH		44087-3808	A	Amount	t of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		y	_	225.0	0
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		М	emo	b Item					
	Children's Hospital Medical Center of	Phys	•	(, , , , , , , , , , , , , , , , , , ,									
	Receipt For:			ır-to-Date ▼									
	Primary General	33 - 3-10											
	Other (specify)		7	1800.00									
S	UBTOTAL of Receipts This Page (optional)			••••••				,		,	_	417.0	0
т	OTAL This Period (last page this line number	only)						-					

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NAME OF COMMITTEE (In Full)		_													
American Academy of Neuro	ology BrainP	AC													
Full Name of Individual (Last, First, Midd, Jones, Elaine, C., Dr.,		Date of Receipt													
Mailing Address 28 West National Blvd		08 28 2018													
City	State	Zip Code		Transaction ID: 42575610											
Ladys Island	SC	29907-1768	A	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		416.												
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item												
Specialists On Call	Reti														
Receipt For:		Year-to-Date ▼													
Primary General	Aygregate														
Other (specify) ▼	L	3333.28	28												
Full Name of Individual (Last, First, Midd J. Jung Henson, Lily, , Dr.,		Date of	Re	ceipt											
Mailing Address 4785 Kitty Hawk Drive								08 28 2018							
City	State	Zip Code		Transaction ID : 42575611											
Atlanta	GA	30342-2506		Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			416.66											
Name of Employer (for Individual) Piedmont Henry Hospital		upation (for Individual) sician		Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			11.												
Other (specify)		3333.28	4												
Full Name of Individual (Last, First, Middl . Urion, David, K., Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ceipt									
Mailing Address 3 Pierce Hill Road		08 ^M	1	D D D 28	/ Y		ү 18	Y							
City	State	Zip Code		Trans	act	ion ID :	425756 ⁻	13							
Lincoln	MA	01773-3201	A	mount	of	Each R	eceipt th	nis P	eriod						
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Name of Employer (for Individual) Children'S Hospital Boston		upation (for Individual) rologist		Me	əmc	tem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00													
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology												
A.	Full Name of Individual (Last, First, Middle Initia Greeley, David, R., Dr., Mailing Address 1125 E 27th Avenue	al) or Full O	Organization Name	Date of Receipt									
	City Spokane	State	08 30 2018 Transaction ID : 42577194 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C	99203-3348	_ A	Amount	of	Ea	ich Ri	eceip	t thi		od 4.00	
	Name of Employer (for Individual) Northwest Neurological, PLLC Receipt For: Primary General Other (specify) ▼	Phy	upation (for Individual) vsician Year-to-Date ▼ 756.00		Me	emo	o Ite	em					
В.	Full Name of Individual (Last, First, Middle Initia Smirnoff, Alexander, J., Dr., Mailing Address 6019 Spinnaker Loop City	al) or Full O	Drganization Name	Date of Receipt]		
	Lady Lake FEC ID number of contributing federal political committee.	FL C	32159-5921	Transaction ID : 42636193 Amount of Each Receipt this Period 500.00									
	Name of Employer (for Individual) Self-Employed Receipt For:	Neu	upation (for Individual) urologist Year-to-Date ▼		Me	emo	o Ite	em					
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C.	Full Name of Individual (Last, First, Middle Initia Mailing Address	al) or Full O	Organization Name		Date of	Re /	_	ipt	/	Y	Y Y	Y	1
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Α.	Full Name of Individual (Last, First, Middle Initial) Ellison For Congress Mailing Address PO Box 6072) or Full O	rgar			Date of Receipt											
	City Minneapolis	State MN		Zip Code 55406	+			on ID : 4									
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в.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rgar	nization Name		Date of	Re	ceipt									
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NAME OF COMMITTEE (In Full)	DrainDAC	`									
angle American Academy of Neurology I	DIAINPAC	,									
Full Name (Last, First, Middle Initial) - Larson For Congress				Date of Disbursement							
Mailing Address PO Box 261172				07 11 2018							
Hartford	State CT	Zip Code 06126		FEC Identification Number							
Purpose of Disbursement Campaign Contribution Funds Reported On <enter< td=""><td>r Report Nam</td><td>e Here></td><td>011</td><td>C C00330142</td></enter<>	r Report Nam	e Here>	011	C C00330142							
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Full Name (Last, First, Middle Initial)											
- Larson For Congress				Date of Disbursement							
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Purpose of Disbursement Campaign Contribution Re-designated funds for tra	ans. dated 7/1	1/2018	011	C C00330142							
Candidate Name			Category/	Transaction ID : 42529711 Amount of Each Disbursement this Period							
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	ment For: 2			1500.00							
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Full Name (Last, First, Middle Initial)											
- Julio Gonzalez For Congress				Date of Disbursement							
Mailing Address 133 South Harbor Drive		08 / D D / Y Y Y Y 23 2018									
-	State FL	Zip Code 34285		FEC Identification Number							
Venice Purpose of Disbursement Campaign Contribution	011	C C00671537									
Candidate Name	Transaction ID : 42563046										
Gonzalez, Julio, , ,		Category/ Type	Amount of Each Disbursement this Period								
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ight angle American Academy of Neurology I	BrainPAC	2										
Full Name (Last, First, Middle Initial) A. New Pioneer Pac				Date of Disbursement								
Mailing Address 228 S WASHINGTON ST Ste 115				FEC Identification Number								
City Alexandria	State VA	Zip Code 22314										
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Candidate Name			Category/ Type	Amount of Each Disbursement this Period 5000.00 Leadership PAC Contribution								
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