12/18/2015 13 : 21

PAGE 1 / 33

FEC FORM 3X		ND	DISB	F RECURSE	MENT	S		Office Use Only	
1. NAME OF COMMITTEE (in 1		PE OR P	RINT V		mple: If typ r the lines.	ing, type	12FE4M5		
American Acad	emy of Ne	eurolog	gy Brainf						
ADDRESS (number and		01 C St	NE 						
Check if diffe than previous reported. (AC	ly i	Nashing	ion					20002	-
2. FEC IDENTIFICA	ATION NUME	BER V		CITY 🔺		S		ZIP CC	
C C00435933	3			3. IS THIS REPORT		NEW (N) OR	AN (A)	IENDED	
4. TYPE OF REP (Choose One)	ORT	(b) Mon Repo Due	ort	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Rep	orts:		H	Apr 20 (M4)		Jul 20 (M7)		20 (M10)	(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly July 15	Report (Q1)	(c)	12-Day		Primary (12	P)	General		Runoff (12R)
Quarterly October			PRE-Electio Report for t		Convention	(12C)	Special (12S)	
January	Report (Q3) 31 Report (YE)		E	Election on	M M /		Y Y Y Y Y	in the State o	of
July 31 M Report (N Year Only	Ion-election	(d)	30-Day POST -Elect Report for t		General (30	G)	Runoff (3	30R)	Special (30S)
Terminati (TER)	on Report			Election on	M M /	D D /	Y Y Y Y	in the State o	of
5. Covering Period	M M 11	/ 01		015	through	M M 11	/ D D / 30	2015	
I certify that I have ex Type or Print Name of				est of my kno	wledge and	belief it is true	e, correct and	d complete.	
TYPE OF FILL NAME OF		vii. Tillio	iny J. Liigel						
Signature of Treasurer	Mr. Timot	hy J. Eng	el		[Electronical	ly Filed] Da	ate 12	/ D D / 18	2015
NOTE: Submission of fa	alse, erroneous	, or inco	mplete infor	mation may su	bject the pe	rson signing thi	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only								FEC FOF Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Neurology BrainPAC M М D Μ Y N 01 2015 30 2015 Report Covering the Period: 11 From: To: 11 COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 114069.08 January 1, 2015 (b) Cash on Hand at 109271.80 Beginning of Reporting Period..... 275394.72 19283.67 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 128555.47 389463.80 6(a) and 6(c) for Column B)..... 30500.00 291408.33 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 98055.47 98055.47 (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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	10723.67	195913.38
(i) Itemized (use Schedule A)	10723.07	
	7500.00	78481.34
(ii) Unitemized	7560.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	18283.67	274394.72
	10203.07	
(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)	18283.67	274394.72
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
8. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	1000.00	1000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	19283.67	275394.72
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	19283.67	275394.72

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4 COLUMN B		
II. Disbursements	II. Disbursements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	30500.00	291000.00		
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	408.33		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	408.33		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ 	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30500.00	291408.33		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	30500.00	291408.33		
, ,	/7. /7. /*			

L

DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Total Contributions (other than loans) (from Line 11(d), page 3)	18283.67	274394.72			
Total Contribution Refunds (from Line 28(d))	0.00	408.33			
Net Contributions (other than loans) (subtract Line 34 from Line 33)	18283.67	273986.39			
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00			
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

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

(check only one)

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33

		Detailed Summary Page		X 11a		11b	11c		12									
				13		14	15		16	17								
Any information copied from such Report or for commercial purposes, other than u																		
NAME OF COMMITTEE (In Full)																		
ight angle American Academy of Net	urology BrainP	AC																
Full Name (Last, First, Middle Initial) A. Dr. David L. Camenga				Date o	f Re	ceipt												
Mailing Address 6 Glenwood Ave			11 01 _ 2015 _															
City	State	Zip Code			sacti		3870913		, 10									
Augusta	ME	04330-6906		Amoun	t of	Each F	Receipt th	nis P	eriod									
FEC ID number of contributing federal political committee.	С					7		_	125	.00								
Name of Employer	Occupation	1																
Togus Veterans' Adm Med Ctr	Neurologis																	
Receipt For:	Aggregate	Year-to-Date ▼																
Primary General			11.															
Other (specify)		875.00	4															
Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen				Date o	f Re	ceipt												
Mailing Address 3141 Neille Lane		11 01 2015																
City	City State Zip Code								Transaction ID : 38709131									
Twinsburg	Twinsburg OH 44087-3808								Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			262.50														
Name of Employer Children's Hospital and Med. Center of	Occupatior Physician	1																
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2237.50	1															
Full Name (Last, First, Middle Initial)			+															
c. Dr. Nicholas Elwood Johnso	n			Date o	f Re	ceipt												
Mailing Address 2207 E Camino Way				м м 11	/	02) 15	Y								
City	State	Zip Code		Trans	sacti	ion ID :	3870928	\$1										
Salt Lake City	UT	84121-4908		Amoun	t of	Each F	Receipt th	is P	eriod									
FEC ID number of contributing federal political committee.	C					,		_	100	.00								
Name of Employer	Occupation	1																
Univ. of Utah	Neurologis	t																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 910.00]															
SUBTOTAL of Receipts This Page (opti	onal)					,			487.	50								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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OF

33

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and s or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) American Academy of Neurolog	gy BrainP	PAC								
A. Full Name (Last, First, Middle Initial) Dr. Allison L. Weathers Mailing Address 1251 Glencoe Avenue			Date of Receipt							
City	State	Zip Code	11 03 2015 Transaction ID : 38710473							
Evanston FEC ID number of contributing federal political committee.	C	60203-1935	Amount of Each Receipt this Period							
Name of Employer RUMC Receipt For:	Occupation RUMC Net		_							
Other (specify)		474.20								
Full Name (Last, First, Middle Initial) B. Dr. Elizabeth Minto			Date of Receipt							
Mailing Address 553 N. Mobile Street			11 04 2015							
City Fairhope	State AL	Zip Code 36532-2609	Transaction ID : 38714894 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer University of South Alabama	Occupation Physician	1	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00								
Full Name (Last, First, Middle Initial) C. Dr. Michael Valente			Date of Receipt							
Mailing Address 438 Chinquapin Drive			M M / D D / Y Y Y Y 11 03 2015							
City Lyndhurst	State VA	Zip Code 22952-2911	Transaction ID : 38714902 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		140.00							
Name of Employer Shenandoah Valley Neurological Associa	Occupatior Neurology	1								
Receipt For: Primary General Other (specify) V		Year-to-Date ▼ 290.00								
SUBTOTAL of Receipts This Page (optional)			201.67							

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

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

(check only one)

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			Detailed Summary Page		11a 13		11b	11c		12					
	ny information copied from such Reports and for commercial purposes, other than using t				for the		pose o		g cont						
	NAME OF COMMITTEE (In Full) American Academy of Neurolo	ogy BrainP	AC												
Α.	Full Name (Last, First, Middle Initial) Dr. Mill Etienne Mailing Address 19 Coe Farm Road				Date o	_	· ·		V	V	Y				
	City	State	Zip Code		11 08 2015 Transaction ID : 38721252										
	Montebello	NY	10901-2908	_			-	Receipt th	-	əriod					
	FEC ID number of contributing federal political committee.	С					7		_	84.	00				
	Name of Employer Bon Secours Charity Health	Occupatior Physician	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1252.00]											
в.	Full Name (Last, First, Middle Initial) Dr. Gregory D. Cascino				Date o	f Re	eceipt								
	Mailing Address 2106 Kal Lane SW		11 08 2015												
C	City	Zip Code	Transaction ID : 38721253												
	Rochester	ochester MN 55905-0001						Receipt th	is Pe	eriod					
	FEC ID number of contributing federal political committee.	С			25.00										
	Name of Employer Mayo Clinic	Occupatior Physician	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Erik Perkins				Date o	f Re	eceipt								
	Mailing Address 11660 Cypress Canyon Roa	ad			м м 11	/	09		201	15	Y				
City San Diego FEC ID number of contributing federal political committee. Name of Employer		State CA	Zip Code 92131-3756		Transaction ID : 38721365 Amount of Each Receipt this Period										
		С					7		_	100.	00				
		Occupation	1	_											
	Sharp-Rees-Stealy Medical Group	Physician													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		1000.00												
s	UBTOTAL of Receipts This Page (optional).						7			209.0	00				

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

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

(check only one)

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•••			Detailed Summary Page		K 11a		11b	11c	12						
_					13		14	15	16		7				
	ny information copied from such Reports and for commercial purposes, other than using														
$\left \right $	NAME OF COMMITTEE (In Full)														
\backslash	American Academy of Neurol	ogy BrainP	AC												
Α.	Full Name (Last, First, Middle Initial) Dr. Steven J. Holtz				Date o	of R	eceipt								
	Mailing Address 6970 Broadway Terrace				11 09 2015 Transaction ID : 38721366										
	City	State	Zip Code												
	Oakland	CA	94611-1950	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C					7	- 7		0.00]				
	Name of Employer	Occupation	1												
	John Muir Physical Ntwk														
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
	Other (specify)		1100.00	1											
в.	Full Name (Last, First, Middle Initial) Dr. David C. Anderson				Date o	of R	eceipt								
Mailing Address 2022 Summit Avenue		dress 2022 Summit Avenue						D / Y	_2015	Y					
	City	Zip Code	Transaction ID : 38721548												
	Saint Paul	MN	55105-1460	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			150.00										
	Name of Employer	Occupation	1												
	Univ of Minnesota	Neurologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00]											
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Peter A. Tarbox				Date o	of R	eceipt								
	Mailing Address 8339 Winecup Hill				M N		/ 10		2015	Y					
	City	State	Zip Code		Tran	sac	tion ID	: 3872205	51						
	San Antonio	ТХ	78256-2498		Amour	nt of	f Each F	Receipt th	is Perio	d					
	FEC ID number of contributing federal political committee.	C				7		50	00.00]					
Name of Employer Neurology Consultants		Occupation	1												
		Neurologis	t												
	Receipt For:		Year-to-Date ▼												
	Primary General		500.00	11											
	Other (specify)														
s	SUBTOTAL of Receipts This Page (optional).			•					75	0.00	1				

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

(check only one)

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ITEMIZED RECEIPTS				K 11a		11b	11c		12	_					
<u> </u>		•	Detailed Summary Page		13		14	15		16	17				
	y information copied from such Reports and for commercial purposes, other than using the														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
\backslash	American Academy of Neurolo	ogy BrainP	AC												
Α.	Full Name (Last, First, Middle Initial) Dr. Laurence J. Kinsella				Date o	of Re	eceipt								
	Mailing Address 235 Rosemont Ave			11 11 2015											
	City	State	Zip Code	Transaction ID : 38722057											
	St. Louis	MO	63104-2412	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С													
	Name of Employer	Occupation	1												
	SSM	Neurologist	t												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		275.00	11.											
	Other (specify)	4													
в.	Full Name (Last, First, Middle Initial) Dr. James C. Stevens				Date o	of Re	eceipt								
	Mailing Address 12112 Aboite Center Rd			11 13 2015											
	City		Transaction ID : 38728098												
	Fort Wayne		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		262.50											
	Name of Employer	Occupation	1	_											
	Allied Physicians, Inc.	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		2237.50	1											
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Morteza Shamsnia				Date o	of Re	eceipt								
	Mailing Address 7 Holy Land Drive				M M	/	15		_ 20	15	Y				
	City	State	Zip Code		Tran	sact	ion ID	: 3875181		_					
	Metairie	LA	70006-1055		Amoun	nt of	Each	Receipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.				7		_	500.	00						
	Name of Employer	Occupation	1												
	Tulane University	Physician													
	Receipt For:		Year-to-Date ▼												
	Other (specify)		600.00												
s	UBTOTAL of Receipts This Page (optional)						7	3		787.5	50				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		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 e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American Academy of Neuro	ology BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. Terrence L. Cascino Mailing Address 2931 Stone Park Dr NE			Date of Receipt							
City Rochester	State MN	Zip Code 55906-7722	11 17 2015 Transaction ID : 38762288 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		84.00							
Name of Employer Mayo Clinic	Occupation Neurologist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	1							
B. Full Name (Last, First, Middle Initial) Dr. Edmund G. Grant Mailing Address 13801 Bruce B Downs B	lvd Ste 401		Date of Receipt							
City	State	Zip Code	11 16 2015							
Tampa FEC ID number of contributing federal political committee.	FL	33613-3997	Amount of Each Receipt this Period							
Name of Employer Winters Grant Mc Craney Tatum	Occupation Neurologist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name (Last, First, Middle Initial) C. Dr. Maureen A. Callaghan			Date of Receipt							
Mailing Address 1603 Amethyst St SE			M M / D D / Y Y Y Y 11 17 2015							
City Olympia	State WA	Zip Code 98501-4200	Transaction ID : 38763612 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer Madigan Army Medical Center / Self Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 875.00								
SUBTOTAL of Receipts This Page (optional	al)		709.00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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33

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Academy of Neurology Br	ainPAC	
Swampscott M FEC ID number of contributing federal political committee. C Name of Employer Occ Essex Neurological Associates, PC Physical political committee	ate Zip Code IA 01907-2402 upation sician rregate Year-to-Date ▼ 250.00	Date of Receipt
Tuscaloosa Al FEC ID number of contributing federal political committee. C Name of Employer Occ Phys VA Phys		Date of Receipt
Tenafly N FEC ID number of contributing federal political committee. C Name of Employer Occ Self Physical committee		Date of Receipt
SUBTOTAL of Receipts This Page (optional)	_	666.00

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

(check only one)

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	UBTOTAL of Receipts This Page (optional)								10)90.0	00
	Name of Employer Tallahassee Neurology Associates Receipt For: Primary General Other (specify) ▼	Occupation Neurologist Aggregate									
	FEC ID number of contributing federal political committee.	С			anoun					90.	00
	City Tallahassee	State FL	Zip Code 32312-6788		Trans		ID :	3878095 eceipt thi	3		
-	Mailing Address 1108 Ronds Pointe Dr. West				M M	/ [23	/ Y	2015	Y 5	Y
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Stanley J. Whitney				Date of	Recei	pt				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Name of Employer NeuroCare Center, Inc	Occupation Neurologist									
	Canton FEC ID number of contributing federal political committee.	С	44718-3811	/	Amount	of Ead	ch R	eceipt thi	-	fiod 500.0	00
	City	State OH	Zip Code					38774932			
в.	Full Name (Last, First, Middle Initial) Dr. Ryan S. Drake Mailing Address 6621 Knightsbridge Ave., NW				Date of	Recei	pt	/ Y	Y	Y	Y
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00								
	Name of Employer Self	Occupation Neurologist									
	FEC ID number of contributing federal political committee.	С			Anoun			,		500.	00
	City Sharon	State MA	Zip Code 02067-3034					38774399 eceipt thi			
Α.	Dr. Alan H. Kurland Mailing Address 2 Boulder Lane				Date of	[:] Receij	pt	/ Y	Y	Y	Y
<u> </u>	Full Name (Last, First, Middle Initial)	-									
	NAME OF COMMITTEE (In Full) American Academy of Neurolog	y BrainP	AC								
	ny information copied from such Reports and S for commercial purposes, other than using the										
			Detailed Summary Page		11a 13	11	-	11c 15	12		17

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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33

		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 e to solicit contributions from such committee.
American Academy of Neu	urology BrainP	AC	
Full Name (Last, First, Middle Initial) Dr. Ernesto Fernandez Mailing Address 11100 Merrick Drive City Peachtree City FEC ID number of contributing federal political committee. Name of Employer Neuro South Associates, P.C. Receipt For: Primary General Other (specify) ▼	State GA C Occupation Neurologist Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Sarah Song Mailing Address 2045 W. Concord Place City Chicago FEC ID number of contributing federal political committee. Name of Employer Rush Receipt For: Primary General Other (specify) ▼	State IL Occupation Neurologist		Date of Receipt
Full Name (Last, First, Middle Initial) Mr. David A. Evans Mailing Address 2990 Blackburn St Apt. 1104 Apt. 1104 City Dallas FEC ID number of contributing federal political committee. Name of Employer Texas Neurology Receipt For: Primary General Other (specify)	State TX C Occupation COO Aggregate	Zip Code 75204-3114 Year-to-Date ▼ 2400.00	Date of Receipt
SUBTOTAL of Receipts This Page (opti-	onal))	434.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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	y information copied from such Reports and S for commercial purposes, other than using the							soliciting			ns
	NAME OF COMMITTEE (In Full) American Academy of Neurolog										
A .	Full Name (Last, First, Middle Initial) Dr. William S. Gilmer				Date o	f Re	eceipt				
	Mailing Address 2323 Dunstan Rd	State	Zip Code	_	11 1		24		2015		
	Houston	TX	77005-2613	_				3878158 Receipt th		bc	
	FEC ID number of contributing federal political committee.	С					,			85.00)
	Name of Employer Self	Occupation Neurologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00								
В.	Full Name (Last, First, Middle Initial) Dr. Lyell K. Jones				Date o	f Re	eceipt				
	Mailing Address 2055 Scenic View Lane SW				M M	/	24		2015	Y]
	City Rochester	State MN	Zip Code 55902-2575					3878159 Receipt th		bc	
	FEC ID number of contributing federal political committee.	С					7		;	23.00)
	Name of Employer Mayo MN	Occupation Neurologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 484.00								
с.	Full Name (Last, First, Middle Initial) Dr. Michael R. Yochelson				Date o	f Re	eceipt				
	Mailing Address 3919 Commander Drive				M M	/	D 24		2015	Y	1
	City Hyattsville	State MD	Zip Code 20782-1025					3878159 Receipt th		bc	
	FEC ID number of contributing federal political committee.	С					7			84.00)
	Name of Employer	Occupation Physician									
	MedStar National Rehabilitation Hospit Receipt For: Primary General Other (specify) ▼	,	Year-to-Date ▼ 920.04								
s	UBTOTAL of Receipts This Page (optional)		••••••				7_1		19	92.00	
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	Academy of Neu									
A. Dr. Jaffar Kh	292 Riverford Way r of contributing committee. aver	State GA C Occupation Neurologist Aggregate	Zip Code 30043-6416 Year-to-Date ▼ 840.00			sacti	24 on ID		iis Period	Y .00
B. Dr. John M.	t, First, Middle Initial) O'Bannon III 7301 Forest Ave. Suite	300			Date o	of Re	D	D / Y	2045	Y
City Richmond FEC ID number		State VA	Zip Code 23226-3792					• : 3878882 Receipt th		00
federal political Name of Emplo Neurological As	yer	Occupation Neurologist					7	7		
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
c. Dr. Gregor					Date o	f Re	ceipt			
Mailing Address	2477 Oak Grove Estate	State	Zip Code		11 Trans		25		2015	Y
Atlanta	of contributing	GA	30345-3899	_				Receipt th		_
FEC ID number federal political	committee.	С			L.		y		42	.00
Name of Emplo Emory	yer	Occupation Neurologist								
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 462.00							
SUBTOTAL of Re	eceipts This Page (option	nal)		<u> </u>			9	7	376	00

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NAME OF COMMITTEE (In Full)									
American Academy of Neurolo	gy BrainP	AC							
Full Name (Last, First, Middle Initial) A. Dr. David R. Greeley				Date of	of R	leceipt			
Mailing Address 1125 E 27th Avenue				11				y y 2015	Y
City	State	Zip Code			sac		, : 3878887		
Spokane	WA	99203-3348					Receipt th		
FEC ID number of contributing federal political committee.	С					1			.00
Name of Employer	Occupation	1							
Northwest Neurological	Physician								
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate		. I.,						
Other (specify)		550.00							
Full Name (Last, First, Middle Initial) B. Dr. Allison Brashear	1			Date of	of R	leceipt			
Mailing Address 208 Hadley Ct				11	1	/ 25		2015	Y
City	State	Zip Code		Tran	sac	tion ID :	: 3878887		
Winston Salem	NC	27106-4489					Receipt th		
FEC ID number of contributing federal political committee.	C				l	7	- 7	80	.00
Name of Employer	Occupation	1							
Wake Forest	Neurologist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 920.00							
Full Name (Last, First, Middle Initial) C. Dr. Bruce Sigsbee	1			Date of	of B	leceipt			
Mailing Address 1199 Sennebec Rd				11		/ 25		2015	Y
City	State	Zip Code			sac		: 3878887		
Union	ME	04862-4628					Receipt th		
FEC ID number of contributing federal political committee.	С				Ì	J		200	.00
Name of Employer	Occupation	1							
Penobscot Bay Medical Center	Physician								
Receipt For:		Year-to-Date ▼	\neg						
Primary General	Aggregate								
Other (specify)		2210.00							
SUBTOTAL of Receipts This Page (optional)		•						330.	00

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NAME OF COMMITTEE (In Full)										
American Academy of Neu	rology BrainP	AC								
Full Name (Last, First, Middle Initial) A. Dr. Faisal M. Qazi				Date o	of Re	ceipt				
Mailing Address 1240 West Valencia Me	esa Drive			M N	/	25	/ Y	۲ 20		Y
City	State	Zip Code			sacti	ion ID : 3	3878887			
Fullerton	CA	92833-2221		Amoun	t of	Each Re	eceipt thi	is Pe	riod	
FEC ID number of contributing federal political committee.	С					5	- 7	_	85.	00
Name of Employer	Occupatior	1	_							
Inland Neurologic Consultants	Neurologis	i								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		935.00	1							
Full Name (Last, First, Middle Initial) B. Dr. Alireza Noorian				Date o	f Re	ceipt				
Mailing Address 20 Palatine Apt 434				11	/	25	/ Y	y 201		Y
City	State	Zip Code		Trans	sacti	on ID : 3	8788874			
Irvine	CA	92612-0640		Amoun	t of	Each Re	eceipt thi	is Pe	riod	
FEC ID number of contributing federal political committee.	C					7	7	Ξ	20.0	00
Name of Employer	Occupation	1	_							
Kaiser Permanente	Neurologist									
Receipt For:		Year-to-Date ▼								
Primary General	, iggi oguto		11.							
Other (specify)		220.00								
Full Name (Last, First, Middle Initial) C. Dr. Colleen Vanderkolk				Date o	f Re	ceipt				
Mailing Address 704 Thurrock Circle				M N	/	D D 25	/ Y	y 201		Y
City	State	Zip Code		Tran	sact	ion ID : 3	3878887	5		
Brentwood	TN	37027-1504		Amoun	t of	Each Re	eceipt thi	is Pe	riod	
FEC ID number of contributing federal political committee.	C					7	- 7	Ξ	85.	00
Name of Employer	Occupation	1	\neg							
St. Thomas Medical Partners	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		935.00	1							
		333.00	J .							
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\backslash	NAME OF COMMITTEE (In Full)										
	American Academy of Neurolog	y BrainP.	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Yoon-Hee Cha				Date of	Re	ceipt				
	Mailing Address 4313 South Retana Avenue				1_1	/	D ■ D 25	/ Y) 015	Y
	City	State	Zip Code			acti		3878887			
	Broken Arrow	OK	74011-1398	_				eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			50.	00
	Name of Employer	Occupation		-							
	St. Francis Hospital	Neurologist									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		550.00								
	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
_	Full Name (Last, First, Middle Initial)										
в.	Dr. Alireza Minagar			_	Date of			_			
	Mailing Address 8040 Captain Dillon Ct				11	1	26	/ Y)15	Y
	City	State	Zip Code			acti		3878896			
	Shreveport	LA	71115-4606		Amount	t of	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С								42.0	00
	Name of Employer	Occupation		_							
	LA State University Health Sciences Ct	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		400.00								
	Other (specify)		462.00								
C.	Full Name (Last, First, Middle Initial) Dr. Austin J. Sumner				Date of	Re	ceipt				
~-	Mailing Address 625 Saint Charles Ave Apt 11A	Ą			M M	/	D D	/ Y		Y	Y
	City	State	Zip Code	-	11 Trans	act	27 ion ID • 1	3878898)15	
	New Orleans	LA	70130-3430					eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С								150.	00
	Name of Employer	Occupation		_							
	LSU Health Sci Ctr/Dept of Neurology	Physician									
	Receipt For:		Year-to-Date ▼	\neg							
	Primary General										
	Other (specify)		300.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	<u> </u>			3	7		242.0	00

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TEMIZED RECEIPTS		Detailed Summary Page		X 11a		11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than usir					purpo				
NAME OF COMMITTEE (In Full) American Academy of Neur	ology BrainP	AC							
Full Name (Last, First, Middle Initial) Dr. Terry D. Fife Mailing Address 9927 N. 123rd Street City Scottsdale FEC ID number of contributing federal political committee. Name of Employer St. Joseph's Hospital Receipt For: Primary General Other (specify) ▼	State AZ C Occupation Neurologist Aggregate				actic	27 27			
B. Full Name (Last, First, Middle Initial) Mailing Address 1800 Howell Mill Road N	IW, Suite 62	Zip Code		Date o	/	28	3	y y 2015	Ŷ
Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Healthcare Receipt For: Primary General Other (specify) ▼	GA C Occupation Physician	30318-2538]				: 3878907 Receipt th	is Period	.00
Full Name (Last, First, Middle Initial) Dr. Wesley D. Reynolds Mailing Address Mailing Address 4483 Idylwild Cir City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Mike O'Callaghan Federal Medical Cente Receipt For: Primary General Other (specify) ▼	State NV C Occupation Neurologist Aggregate				sactic	28 on ID		iis Period	
SUBTOTAL of Receipts This Page (option	al)		•		. ,	,		170	.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
A. Full Name (Last, First, Middle Initial) Dr. Carolyn L. Taylor Mailing Address 4732 Lost Creek Lane		Date of Receipt
City Bellingham	State Zip Code WA 98229-2574	11282015Transaction ID : 38789077Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Northwest Neurology F	Dccupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) B. Dr. Steven L. Lewis		Date of Receipt
Mailing Address 1725 W Harrison St Ste 1106	State Zip Code	11 28 2015
Chicago	IL 60612-3845	Transaction ID : 38789078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	223.00
Rush Univ. Med. Ctr.	Dccupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2285.00	
Full Name (Last, First, Middle Initial) C. Dr. Lily Jung Henson		Date of Receipt
Mailing Address 4785 Kitty Hawk Drive		11 / D D / Y Y Y Y Y 2015
City Atlanta	State Zip Code GA 30342-2506	Transaction ID : 38789079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.00
	Decupation	
Dessint Fam	Physician	
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 4576.00	
SUBTOTAL of Receipts This Page (optional)	····· >	739.00

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Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Academy of Neurology	BrainPAC	
Full Name (Last, First, Middle Initial) A. Dr. Gregory L. Barkley		Date of Receipt
Mailing Address 2890 Burlington St		11 28 2015
City Ann Arbor	StateZip CodeMI48105-1435	Transaction ID : 38789080 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
	Occupation	
	Neurologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Paul M. Colopy		Date of Receipt
Mailing Address 220 Executive Center Pkwy		11 30 2015
City	State Zip Code	Transaction ID : 38790446
Fredericksburg	VA 22401-3107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Nourology Access of Frederickshurg	Occupation	
Receipt For:	Neurologist	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	400.00	
Full Name (Last, First, Middle Initial) C. Dr. John D. Wulff		Date of Receipt
Mailing Address 1508 W White River Blvd		11 30 / Y Y Y Y Y 11 30 2015
City	State Zip Code	Transaction ID : 38790448
Muncie	IN 47303-4949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
	Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	▶	750.00

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NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC	
Full Name (Last, First, Middle Initial) A. Dr. C Fish Greenfield Mailing Address 4322 Williamsburg Rd City State Dallas TX FEC ID number of contributing federal political committee. City Name of Employer Occupation Texas Neurology Neurologi Receipt For: Aggregat Other (specify) ▼ City		Date of Receipt
Primary General Other (specify) ▼		Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Gary Tunell Mailing Address 6301 Gaston Ave Ste 400 West Tower City State Dallas TX FEC ID number of contributing C iderational political committee. Occupation Name of Employer Occupation Texas Neurology, P.A. Neurologi Receipt For: Aggregat Other (specify) Image: Content of the specify in the specified of the speci		Date of Receipt
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\backslash	NAME OF COMMITTEE (In Full)		A C									
	American Academy of Neurology	/ BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Patrick J. Bushard				Date of	Re	ceipt					
	Mailing Address 2595 McKay Landing Parkway				M M	_	DE) / Ү		Y	Y	
	City	State	Zip Code	_	11 Trong	aati	30	3879047		015		
	Broomfield	CO	80023-6581	-				Receipt th		oriod		
	FEC ID number of contributing federal political committee.	С				. 01	,	,	13 1	300	.00	
	Name of Employer	Occupation										
	SCL Health	Neurologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00									
	Full Name (Last, First, Middle Initial)				Date of	- Po	ooint					-
р.	Mailing Address 254 Forrest Road					ne	-		V	Y	N/	
	Walling Address 254 Follest Road				11	<i>'</i>	30) / ү	20		Y	
	City	State	Zip Code			acti		3879052				
	Merion Station	PA	19066-1606					Receipt th		eriod		
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	Name of Employer	Occupation										
	The Children's Hospital of Philadelphi	Neurologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		000.00	11.								
	Other (specify)	L	300.00									
с.	Full Name (Last, First, Middle Initial) Dr. Ajay S. Gupta				Date of	Re	ceipt					
	Mailing Address 14335 Blue Heron Chase				M M	/	30)15	Y	
	City	State	Zip Code		Trans	acti	on ID :	3879053	0			
	Roanoke	IN	46783-8600		Amount	of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,		_	150	.00	
	Name of Employer	Occupation										
	Fort Wayne Neurological Center	Neurologist										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		250.00	11.								
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s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,	7	-	600.	00	

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or	for commercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit co	ntrib	puse of outions f	from such	1 COI	mmitt	ee.	
$\left[\right]$	NAME OF COMMITTEE (In Full)											
	American Academy of Neurolog	jy BrainP	AC									
Α.	Full Name (Last, First, Middle Initial) Dr. Jesus F. Lovera				Date o	f Re	ceint					
<i>/</i>	Mailing Address 5121 Cleveland Pl				M M	_) / Y	Y	Y	Y	
					11		30			015		
	City	State	Zip Code		Trans	act	ion ID :	3879053	4			
	Metairie	LA	70003-1056	_	Amoun	t of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С							_	150.	00	
	Name of Employer	Occupation										
	LSU Healthcare Network NEU/NSG	Neurologist										
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		650.00									
			7 7									
	Full Name (Last, First, Middle Initial)											
Β.	Dr. Nancy N. Futrell				Date o	f Re	eceipt					
	Mailing Address 7930 Majestic Drive				M M	/	05) / Y) 15	Y	
	City	State	Zip Code		Trans	acti	on ID :	3886478	6			
	Cottonwood Heights	UT	84121-5789	_	Amoun	t of	Each R	leceipt th	is P	eriod		
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	Name of Employer	Occupation	I									
	Intermountian Stroke Center	Physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		650.00									
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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (In Full) American Academy of Neurolo																	
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee Mailing Address P.O. Box 391 City Hopkinsville FEC ID number of contributing federal political committee	State KY C C0	Zip Code 42241 0289983	_		/ acti	30 ion ID :	3879044 Receipt th	his Per	5	10							
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Α.	Friends Of Raja For Congress						Date of	f Dis	sburse	em	ent			
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