

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
American Academy of Neurology BrainPAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

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

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		114069.08
(b) Cash on Hand at Beginning of Reporting Period.....	109271.80	
(c) Total Receipts (from Line 19) .....	19283.67	275394.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	128555.47	389463.80
7. Total Disbursements (from Line 31).....	30500.00	291408.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98055.47	98055.47
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

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

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr. David L. Camenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Glenwood Ave  
 City Augusta State ME Zip Code 04330-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 11 / 01 / 2015  
**Transaction ID : 38709130**  
 Amount of Each Receipt this Period 125.00

**B. Dr. Bruce H. Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Neille Lane  
 City Twinsburg State OH Zip Code 44087-3808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Hospital and Med. Center of Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2237.50

Date of Receipt 11 / 01 / 2015  
**Transaction ID : 38709131**  
 Amount of Each Receipt this Period 262.50

**C. Dr. Nicholas Elwood Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 E Camino Way  
 City Salt Lake City State UT Zip Code 84121-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Utah Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 11 / 02 / 2015  
**Transaction ID : 38709281**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 487.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Dr. Allison L. Weathers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1251 Glencoe Avenue  
City Evanston State IL Zip Code 60203-1935  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RUMC Occupation RUMC Neurologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **474.20**

Date of Receipt **11 / 03 / 2015**  
**Transaction ID : 38710473**  
Amount of Each Receipt this Period **41.67**

**B. Dr. Elizabeth Minto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 553 N. Mobile Street  
City Fairhope State AL Zip Code 36532-2609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of South Alabama Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 04 / 2015**  
**Transaction ID : 38714894**  
Amount of Each Receipt this Period **20.00**

**C. Dr. Michael Valente**  
Full Name (Last, First, Middle Initial)  
Mailing Address 438 Chinquapin Drive  
City Lyndhurst State VA Zip Code 22952-2911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Shenandoah Valley Neurological Associa Occupation Neurology  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **290.00**

Date of Receipt **11 / 03 / 2015**  
**Transaction ID : 38714902**  
Amount of Each Receipt this Period **140.00**

**SUBTOTAL** of Receipts This Page (optional)..... **201.67**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Dr. Mill Etienne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Coe Farm Road  
 City Montebello State NY Zip Code 10901-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours Charity Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2015  
**Transaction ID : 38721252**  
 Amount of Each Receipt this Period  
 84.00

**B. Dr. Gregory D. Cascino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2106 Kal Lane SW  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2015  
**Transaction ID : 38721253**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Erik Perkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11660 Cypress Canyon Road  
 City San Diego State CA Zip Code 92131-3756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : 38721365**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Steven J. Holtz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 <b>Transaction ID : 38721366</b>
Mailing Address 6970 Broadway Terrace		Amount of Each Receipt this Period 100.00
City Oakland	State CA	Zip Code 94611-1950
FEC ID number of contributing federal political committee. C		
Name of Employer John Muir Physical Ntwk	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. David C. Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2015 <b>Transaction ID : 38721548</b>
Mailing Address 2022 Summit Avenue		Amount of Each Receipt this Period 150.00
City Saint Paul	State MN	Zip Code 55105-1460
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Minnesota	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Peter A. Tarbox</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2015 <b>Transaction ID : 38722051</b>
Mailing Address 8339 Winecup Hill		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	Zip Code 78256-2498
FEC ID number of contributing federal political committee. C		
Name of Employer Neurology Consultants	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Laurence J. Kinsella</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2015 <b>Transaction ID : 38722057</b>
Mailing Address 235 Rosemont Ave		Amount of Each Receipt this Period 25.00
City St. Louis	State MO	Zip Code 63104-2412
FEC ID number of contributing federal political committee. C		
Name of Employer SSM	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James C. Stevens</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : 38728098</b>
Mailing Address 12112 Aboite Center Rd		Amount of Each Receipt this Period 262.50
City Fort Wayne	State IN	Zip Code 46814-9528
FEC ID number of contributing federal political committee. C		
Name of Employer Allied Physicians, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2237.50	

Full Name (Last, First, Middle Initial) <b>C. Dr. Morteza Shamsnia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015 <b>Transaction ID : 38751817</b>
Mailing Address 7 Holy Land Drive		Amount of Each Receipt this Period 500.00
City Metairie	State LA	Zip Code 70006-1055
FEC ID number of contributing federal political committee. C		
Name of Employer Tulane University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	787.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Terrence L. Cascino</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015 <b>Transaction ID : 38762288</b>
Mailing Address 2931 Stone Park Dr NE		Amount of Each Receipt this Period 84.00
City Rochester	State MN	Zip Code 55906-7722
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Edmund G. Grant</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2015 <b>Transaction ID : 38762363</b>
Mailing Address 13801 Bruce B Downs Blvd Ste 401		Amount of Each Receipt this Period 500.00
City Tampa	State FL	Zip Code 33613-3997
FEC ID number of contributing federal political committee. C		
Name of Employer Winters Grant Mc Craney Tatum	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Maureen A. Callaghan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015 <b>Transaction ID : 38763612</b>
Mailing Address 1603 Amethyst St SE		Amount of Each Receipt this Period 125.00
City Olympia	State WA	Zip Code 98501-4200
FEC ID number of contributing federal political committee. C		
Name of Employer Madigan Army Medical Center / Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	709.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Sanford M. Levy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2015 <b>Transaction ID : 38766889</b>
Mailing Address 8 Phillips Ave		Amount of Each Receipt this Period 150.00
City Swampscott	State MA	Zip Code 01907-2402
FEC ID number of contributing federal political committee. C		
Name of Employer Essex Neurological Associates, PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel C. Potts</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2015 <b>Transaction ID : 38767076</b>
Mailing Address 136 Covey Chase		Amount of Each Receipt this Period 100.00
City Tuscaloosa	State AL	Zip Code 35406-1801
FEC ID number of contributing federal political committee. C		
Name of Employer VA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Nancy L. Mueller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2015 <b>Transaction ID : 38767077</b>
Mailing Address 34 Stonybrook Road		Amount of Each Receipt this Period 416.00
City Tenafly	State NJ	Zip Code 07670-1118
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Alan H. Kurland**

Mailing Address 2 Boulder Lane

City Sharon State MA Zip Code 02067-3034

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

Name of Employer Self Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 19 / 2015**

**Transaction ID : 38774399**

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Ryan S. Drake**

Mailing Address 6621 Knightsbridge Ave., NW

City Canton State OH Zip Code 44718-3811

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

Name of Employer NeuroCare Center, Inc Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 20 / 2015**

**Transaction ID : 38774932**

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)  
**C. Dr. Stanley J. Whitney**

Mailing Address 1108 Ronds Pointe Dr. West

City Tallahassee State FL Zip Code 32312-6788

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

Name of Employer Tallahassee Neurology Associates Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **11 / 23 / 2015**

**Transaction ID : 38780953**

Amount of Each Receipt this Period **90.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1090.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ernesto Fernandez</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2015 <b>Transaction ID : 38780990</b>
Mailing Address 11100 Merrick Drive		Amount of Each Receipt this Period 250.00
City Peachtree City	State GA	Zip Code 30269-6693
FEC ID number of contributing federal political committee. C		
Name of Employer Neuro South Associates, P.C.	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Sarah Song</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 38781585</b>
Mailing Address 2045 W. Concord Place, #405		Amount of Each Receipt this Period 84.00
City Chicago	State IL	Zip Code 60647-5481
FEC ID number of contributing federal political committee. C		
Name of Employer Rush	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David A. Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 38781587</b>
Mailing Address 2990 Blackburn St Apt. 1104		Amount of Each Receipt this Period 100.00
City Dallas	State TX	Zip Code 75204-3114
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Neurology	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	434.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. William S. Gilmer</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 38781588</b>
Mailing Address 2323 Dunstan Rd			Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77005-2613	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 935.00
Name of Employer Self		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Lyell K. Jones</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 38781591</b>
Mailing Address 2055 Scenic View Lane SW			Amount of Each Receipt this Period 23.00
City Rochester	State MN	Zip Code 55902-2575	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 484.00
Name of Employer Mayo MN		Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael R. Yochelson</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 38781592</b>
Mailing Address 3919 Commander Drive			Amount of Each Receipt this Period 84.00
City Hyattsville	State MD	Zip Code 20782-1025	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 920.04
Name of Employer MedStar National Rehabilitation Hospit		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 16 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Jaffar Khan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 Riverford Way  
 City State Zip Code  
 Lawrenceville GA 30043-6416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emory Clinic Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015  
**Transaction ID : 38781593**  
 Amount of Each Receipt this Period  
 840.00

**B. Dr. John M. O'Bannon III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7301 Forest Ave. Suite 300  
 City State Zip Code  
 Richmond VA 23226-3792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Neurological Associates Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015  
**Transaction ID : 38788828**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Gregory J. Esper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2477 Oak Grove Estates  
 City State Zip Code  
 Atlanta GA 30345-3899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emory Neurologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 462.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788869**  
 Amount of Each Receipt this Period  
 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 376.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Dr. David R. Greeley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 E 27th Avenue  
 City Spokane State WA Zip Code 99203-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Neurological Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788870**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Allison Brashear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 Hadley Ct  
 City Winston Salem State NC Zip Code 27106-4489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788871**  
 Amount of Each Receipt this Period  
 80.00

**C. Dr. Bruce Sigsbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 Sennebec Rd  
 City Union State ME Zip Code 04862-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penobscot Bay Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788872**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Dr. Faisal M. Qazi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 West Valencia Mesa Drive  
 City Fullerton State CA Zip Code 92833-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inland Neurologic Consultants Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788873**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr. Alireza Noorian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Palatine Apt 434  
 City Irvine State CA Zip Code 92612-0640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788874**  
 Amount of Each Receipt this Period  
 20.00

**C. Dr. Colleen Vanderkolk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 704 Thurrock Circle  
 City Brentwood State TN Zip Code 37027-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Thomas Medical Partners Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 38788875**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr. Yoon-Hee Cha**  
Full Name (Last, First, Middle Initial)

Mailing Address 4313 South Retana Avenue

City Broken Arrow	State OK	Zip Code 74011-1398
----------------------	-------------	------------------------

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

Name of Employer St. Francis Hospital	Occupation Neurologist
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2015

**Transaction ID : 38788877**

Amount of Each Receipt this Period  
50.00

**B. Dr. Alireza Minagar**  
Full Name (Last, First, Middle Initial)

Mailing Address 8040 Captain Dillon Ct

City Shreveport	State LA	Zip Code 71115-4606
--------------------	-------------	------------------------

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

Name of Employer LA State University Health Sciences Ct	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

**Transaction ID : 38788966**

Amount of Each Receipt this Period  
42.00

**C. Dr. Austin J. Sumner**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 Saint Charles Ave Apt 11A

City New Orleans	State LA	Zip Code 70130-3430
---------------------	-------------	------------------------

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

Name of Employer LSU Health Sci Ctr/Dept of Neurology	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : 38788981**

Amount of Each Receipt this Period  
150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr. Terry D. Fife**  
Full Name (Last, First, Middle Initial)

Mailing Address 9927 N. 123rd Street

City State Zip Code  
Scottsdale AZ 85259-6026

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

Name of Employer Occupation  
St. Joseph's Hospital Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 27 / 2015  
**Transaction ID : 38788982**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1800 Howell Mill Road NW, Suite 62

City State Zip Code  
Atlanta GA 30318-2538

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

Name of Employer Occupation  
Piedmont Healthcare Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2015  
**Transaction ID : 38789074**

Amount of Each Receipt this Period  
50.00

**C. Dr. Wesley D. Reynolds**  
Full Name (Last, First, Middle Initial)

Mailing Address 4483 Idylwild Cir

City State Zip Code  
Las Vegas NV 89147-4982

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

Name of Employer Occupation  
Mike O'Callaghan Federal Medical Cente Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2015  
**Transaction ID : 38789076**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr. Carolyn L. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 4732 Lost Creek Lane

City Bellingham State WA Zip Code 98229-2574

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

Name of Employer Northwest Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2015  
**Transaction ID : 38789077**

Amount of Each Receipt this Period  
 100.00

**B. Dr. Steven L. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106

City Chicago State IL Zip Code 60612-3845

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

Name of Employer Rush Univ. Med. Ctr. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2015  
**Transaction ID : 38789078**

Amount of Each Receipt this Period  
 223.00

**C. Dr. Lily Jung Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Kitty Hawk Drive

City Atlanta State GA Zip Code 30342-2506

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

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2015  
**Transaction ID : 38789079**

Amount of Each Receipt this Period  
 416.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	739.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Gregory L. Barkley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2890 Burlington St  
 City Ann Arbor State MI Zip Code 48105-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2015  
**Transaction ID : 38789080**  
 Amount of Each Receipt this Period 100.00

**B. Dr. Paul M. Colopy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Executive Center Pkwy  
 City Fredericksburg State VA Zip Code 22401-3107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neurology Assoc of Fredericksburg Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : 38790446**  
 Amount of Each Receipt this Period 400.00

**C. Dr. John D. Wulff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1508 W White River Blvd  
 City Muncie State IN Zip Code 47303-4949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Indiana Neurology P.C. Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : 38790448**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Dr. C Fish Greenfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 4322 Williamsburg Rd

City Dallas	State TX	Zip Code 75220-1932
----------------	-------------	------------------------

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

Name of Employer Texas Neurology	Occupation Neurologist
-------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : 38790452**

Amount of Each Receipt this Period  
500.00

**B. Dr. Alan W. Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3439 W Lawther Dr

City Dallas	State TX	Zip Code 75214-3203
----------------	-------------	------------------------

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

Name of Employer Texas Neurology	Occupation Neurologist
-------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : 38790453**

Amount of Each Receipt this Period  
500.00

**C. Dr. Gary Tunell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6301 Gaston Ave  
Ste 400 West Tower

City Dallas	State TX	Zip Code 75214-3922
----------------	-------------	------------------------

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

Name of Employer Texas Neurology, P.A.	Occupation Neurologist
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : 38790457**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr. Patrick J. Bushard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2595 McKay Landing Parkway

City	State	Zip Code
Broomfield	CO	80023-6581

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

Name of Employer	Occupation
SCL Health	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : 38790479**

Amount of Each Receipt this Period  

300.00
--------

**B. Dr. Lawrence W. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 254 Forrest Road

City	State	Zip Code
Merion Station	PA	19066-1606

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

Name of Employer	Occupation
The Children's Hospital of Philadelphi	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : 38790529**

Amount of Each Receipt this Period  

150.00
--------

**c. Dr. Ajay S. Gupta**  
Full Name (Last, First, Middle Initial)

Mailing Address 14335 Blue Heron Chase

City	State	Zip Code
Roanoke	IN	46783-8600

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

Name of Employer	Occupation
Fort Wayne Neurological Center	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : 38790530**

Amount of Each Receipt this Period  

150.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Dr. Jesus F. Lovera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5121 Cleveland Pl  
 City State Zip Code  
 Metairie LA 70003-1056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LSU Healthcare Network NEU/NSG Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 38790534**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Nancy N. Futrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7930 Majestic Drive  
 City State Zip Code  
 Cottonwood Heights UT 84121-5789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Intermountain Stroke Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 38864786**  
 Amount of Each Receipt this Period  
 150.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10723.67

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

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

FOR LINE NUMBER: PAGE 26 OF 33  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

FEC ID number of contributing federal political committee. **C** C00289983

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 38790447**

Amount of Each Receipt this Period  
 1000.00

Refund of contribution made on 04/15/15

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

**Transaction ID : 38723760**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Alamo PAC**

Mailing Address 1203 Portner Road

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

**Transaction ID : 38723767**

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Fleming For Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John C. Fleming MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

**Transaction ID : 38723776**

Amount of Each Disbursement this Period

2000.00

Campaign Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. AMERIPAC**

Mailing Address 499 S. Capitol SW  
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Leadership PAC Contribution

Candidate Name  
**AMERIPAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 38723783**

Amount of Each Disbursement this Period

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Thomas Edmunds Price M.D.**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 38723785**

Amount of Each Disbursement this Period

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 38723786**

Amount of Each Disbursement this Period

Campaign Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**Transaction ID : 38723787**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Terri A. Sewell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**Transaction ID : 38723794**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Cresent Hardy For Congress**

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Cresent Hardy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

**Transaction ID : 38723795**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

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

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

3000.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Raja For Congress**

Mailing Address PO Box 681202

City State Zip Code  
Schaumburg IL 60168

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**S. Raja Krishnamoorthi**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : 38790397**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Matsui For Congress**

Mailing Address PO Box 1738

City State Zip Code  
Sacramento CA 95812

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Doris Matsui**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : 38790398**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Diana Degette For Congress**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Diana DeGette**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : 38790399**

Amount of Each Disbursement this Period

1000.00
---------

Campaign Contribution

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

3000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Mailing Address P.O. Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Steve J. Israel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : 38790400**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : 38790401**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : 38790402**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Chesapeake PAC**

Mailing Address 100 Luna Park Drive  
#156

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Leadership PAC Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : 38790404**

Amount of Each Disbursement this Period

1000.00

Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**B. Olson For Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Pete Olson**

Office Sought:  House  
 Senate  
 President  
State: TX District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : 38790405**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Pascrell For Congress**

Mailing Address Pob 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. William J. Pascrell Jr.**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : 38790406**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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

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

3000.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Ami Bera For Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Ami Bera MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : 38790407**

Amount of Each Disbursement this Period

5000.00
---------

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

5000.00
---------

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

30500.00
----------