

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2016 through 07 / 31 / 2016

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 08 / 17 / 2016

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)

Page 2

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115255.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8358.99"/>	<input type="text" value="221024.71"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="123614.85"/>	<input type="text" value="368284.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13000.00"/>	<input type="text" value="257670.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="110614.85"/>	<input type="text" value="110614.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	7303.99	165759.76
(ii) Unitemized	1055.00	54764.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8358.99	220524.71
(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)	8358.99	220524.71
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
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))..... ▶	8358.99	221024.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8358.99	221024.71

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.....	13000.00	255500.00
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	2170.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2170.00
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)) ..	13000.00	257670.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	257670.00

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)	8358.99	220524.71
34. Total Contribution Refunds (from Line 28(d))	0.00	2170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8358.99	218354.71
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: PAGE 6 OF 25
(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. Charles W. Brock
 Full Name (Last, First, Middle Initial)
 Mailing Address 17307 San Aringo Pl
 City State Zip Code
 Lutz FL 33548-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Florida Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 39664012
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Elaine C. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Park Row West
 Apt 621
 City State Zip Code
 Providence RI 02903-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2954.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 39664014
 Amount of Each Receipt this Period
 409.09
 Memo Item

C. Dr. Nicholas Elwood Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 E Camino Way
 City State Zip Code
 Salt Lake City UT 84121-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Utah Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2016
Transaction ID : 39692937
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 759.09
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 291.69

Date of Receipt 07 / 03 / 2016
Transaction ID : 39692959

Amount of Each Receipt this Period 41.67

Memo Item

B. Dr. Christopher Prusinski
Full Name (Last, First, Middle Initial)

Mailing Address 119 Lansing Island

City Indian Harbour Beach State FL Zip Code 32937-5354

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 ▼ 1000.00

Date of Receipt 07 / 03 / 2016
Transaction ID : 39692963

Amount of Each Receipt this Period 500.00

Memo Item

C. 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 ▼ 588.00

Date of Receipt 07 / 08 / 2016
Transaction ID : 39710539

Amount of Each Receipt this Period 84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	625.67
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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Nilay R. Shah
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 W. 66th St Apt. 22J
 City New York State NY Zip Code 10023-6558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 08 / 2016**
Transaction ID : 39711364
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. 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 **700.00**

Date of Receipt **07 / 09 / 2016**
Transaction ID : 39713098
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Dr. Steven J. Holtz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6970 Broadway Terrace
 City Oakland State CA Zip Code 94611-1950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Muir Physical Ntwk Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 09 / 2016**
Transaction ID : 39713099
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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: PAGE 9 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Robert A. Yapundich
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 44th Ave. Court NE
 City State Zip Code
 Hickory NC 28601-7309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Neurology Associates 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
 07 / 15 / 2016
Transaction ID : 39728701
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Dr. Bibhuti Mishra
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Potomac Ave NW
 City State Zip Code
 Washington DC 20016-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Fairfax Hospital Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2016
Transaction ID : 39729407
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Dr. Terrence L. Cascino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Stone Park Dr NE
 City State Zip Code
 Rochester MN 55906-7722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2016
Transaction ID : 39729408
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<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
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

A. Dr. Shannon M. Kilgore
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Doud Dr
 City Los Altos State CA Zip Code 94022-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **444.44**

Date of Receipt **07 / 18 / 2016**
Transaction ID : 39729426
 Amount of Each Receipt this Period **111.11**
 Memo Item

B. Dr. Tariq Jawaid Alam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1846 Winter Run Ct
 City Chesterfield State MO Zip Code 63017-5674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Occupation Neurology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 18 / 2016**
Transaction ID : 39729427
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Dr. Daniel C. Potts
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Covey Chase
 City Tuscaloosa State AL Zip Code 35406-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 19 / 2016**
Transaction ID : 39733566
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	311.11
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 11 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Sarah Song
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rush	Occupation Neurologist
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2016

Transaction ID : 39733567

Amount of Each Receipt this Period
84.00

Memo Item

B. Dr. Amy E. Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 4588 Cascades Drive

City Manlius	State NY	Zip Code 13104-2369
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mmc Medical Center	Occupation Neurologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2016

Transaction ID : 39733569

Amount of Each Receipt this Period
75.00

Memo Item

C. Dr. Nancy L. Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City Tenafly	State NJ	Zip Code 07670-1118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2916.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2016

Transaction ID : 39733570

Amount of Each Receipt this Period
416.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	575.66
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 12 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jack W. Tsao		Date of Receipt MM / DD / YYYY 07 / 19 / 2016 Transaction ID : 39735055
Mailing Address 5267 Rich Rd		Amount of Each Receipt this Period 500.00
City Memphis	State TN	Zip Code 38120-1936
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer University of Tennessee	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Katharine W. Heatwole		Date of Receipt MM / DD / YYYY 07 / 22 / 2016 Transaction ID : 39743969
Mailing Address 4305 Alfriends Trail		Amount of Each Receipt this Period 100.00
City Virginia Beach	State VA	Zip Code 23455-6101
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Ocean Psychiatric Group, PC	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Stanley J. Whitney		Date of Receipt MM / DD / YYYY 07 / 23 / 2016 Transaction ID : 39747171
Mailing Address 1108 Ronds Pointe Dr. West		Amount of Each Receipt this Period 90.00
City Tallahassee	State FL	Zip Code 32312-6788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Tallahassee Neurology Associates	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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: PAGE 13 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Keith Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4119 W. 94th Terrace
 City State Zip Code
 Prairie Village KS 66207-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Children's Mercy Hospital Self
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2016
Transaction ID : 39747172
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Dr. Joseph S. Kass
 Full Name (Last, First, Middle Initial)
 Mailing Address 4903 Valerie
 City State Zip Code
 Bellaire TX 77401-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baylor College of Medicine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2016
Transaction ID : 39747174
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Dr. William S. Gilmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Dunstan Rd
 City State Zip Code
 Houston TX 77005-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Neurologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2016
Transaction ID : 39747196
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 219.00
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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Lyell K. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 Scenic View Lane SW
 City Rochester State MN Zip Code 55902-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo MN Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 24 / 2016
Transaction ID : 39747197
 Amount of Each Receipt this Period 42.00
 Memo Item

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

Date of Receipt 07 / 24 / 2016
Transaction ID : 39747198
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 07 / 25 / 2016
Transaction ID : 39747765
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	251.00
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 15 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. David W. Brandes
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Autumn Woods Drive
 City Sweetwater State TN Zip Code 37874-6482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 25 / 2016
Transaction ID : 39747766
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Dr. Gregory J. Esper
 Full Name (Last, First, Middle Initial)
 Mailing Address 2477 Oak Grove Estates
 City Atlanta State GA Zip Code 30345-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Occupation Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 25 / 2016
Transaction ID : 39747767
 Amount of Each Receipt this Period 42.00
 Memo Item

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 ▼ 1400.00

Date of Receipt 07 / 25 / 2016
Transaction ID : 39747768
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	327.00
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 16 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 560.00

Date of Receipt 07 / 25 / 2016
Transaction ID : 39747769
 Amount of Each Receipt this Period 80.00
 Memo Item

B. 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 ▼ 595.00

Date of Receipt 07 / 25 / 2016
Transaction ID : 39747770
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 294.00

Date of Receipt 07 / 26 / 2016
Transaction ID : 39773686
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	207.00
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Janice F. Wiesman
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 E 38th Street
 Apt 14D
 City New York State NY Zip Code 10016-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston University School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1463.00**

Date of Receipt **07 / 27 / 2016**
Transaction ID : 39774477
 Amount of Each Receipt this Period **209.00**
 Memo Item

B. 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 **350.00**

Date of Receipt **07 / 28 / 2016**
Transaction ID : 39781825
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Dr. Glen R. Finney
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 Homestead Dr
 City Dallas State PA Zip Code 18612-7227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Occupation Behavioral Neurology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1458.38**

Date of Receipt **07 / 28 / 2016**
Transaction ID : 39781826
 Amount of Each Receipt this Period **208.34**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	467.34
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 18 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Heidi B. Schwarz
Full Name (Last, First, Middle Initial)

Mailing Address 90 Gorham St

City Canandaigua State NY Zip Code 14424-1805

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

Name of Employer Unity Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2016
Transaction ID : 39781827

Amount of Each Receipt this Period 100.00

Memo Item

B. Dr. Marsha Smith
Full Name (Last, First, Middle Initial)

Mailing Address 94 Shenandoah Court

City Portsmouth State OH Zip Code 45662-8660

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

Name of Employer Southern OH Med. Center Occupation Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 28 / 2016
Transaction ID : 39781828

Amount of Each Receipt this Period 100.00

Memo Item

C. Dr. John W. 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 ▼ 350.00

Date of Receipt 07 / 28 / 2016
Transaction ID : 39781830

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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 19 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : 39781834

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4732 Lost Creek Lane

City State Zip Code
Bellingham WA 98229-2574

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

Name of Employer Occupation
Northwest Neurology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : 39781835

Amount of Each Receipt this Period
100.00

Memo Item

C. Dr. Bruce H. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City State Zip Code
Twinsburg OH 44087-3808

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

Name of Employer Occupation
Children's Hospital and Med. Center of Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1381.26

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : 39781836

Amount of Each Receipt this Period
186.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	386.46
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 20 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1725 W Harrison St Ste 1106

City	State	Zip Code
Chicago	IL	60612-3845

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1463.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : 39781837

Amount of Each Receipt this Period
 209.00

Memo Item

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

Mailing Address 4785 Kitty Hawk Drive

City	State	Zip Code
Atlanta	GA	30342-2506

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 ▼
2916.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : 39781838

Amount of Each Receipt this Period
 416.66

Memo Item

C. Dr. Gregory L. Barkley
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City	State	Zip Code
Ann Arbor	MI	48105-1435

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

Name of Employer	Occupation
Henry Ford Hospital	Neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : 39781839

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.66
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: PAGE 21 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Neurology BrainPAC

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

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 ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2016

Transaction ID : 39781841

Amount of Each Receipt this Period
50.00

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	7303.99

**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

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

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Sandy M. Levin

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39715718

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Paul David Tonko

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39715719

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Swalwell For Congress

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Eric M. Swalwell

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39715720

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

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

4500.00

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

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

Full Name (Last, First, Middle Initial)

A. Olson For Congress Committee

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Pete Olson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 39715721

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City State Zip Code
Visalia CA 93290

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 39715722

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 3986

City State Zip Code
Washington DC 20027

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Sen. Orrin Grant Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 39715723

Amount of Each Disbursement this Period

2500.00

Memo Item
Campaign Contribution

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

4500.00

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

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

Full Name (Last, First, Middle Initial)

A. TENNPAC

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

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
07 / 12 / 2016

Transaction ID : 39715724

Amount of Each Disbursement this Period

1000.00

Memo Item
Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

B. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Eliot L. Engel

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39715725

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. John B. Larson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39715726

Amount of Each Disbursement this Period

1000.00

Memo Item
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

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

Full Name (Last, First, Middle Initial)

A. Johnson For Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Bill Johnson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39716716

Amount of Each Disbursement this Period

1000.00

Memo Item
Campaign Contribution

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
Void - Scott Peters For Congress

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 39716741

Amount of Each Disbursement this Period

-2000.00

Memo Item
Void - Scott Peters For Congress

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Scott Peters

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : 39719842

Amount of Each Disbursement this Period

2000.00

Memo Item
Campaign Contribution

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

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

1000.00

13000.00