

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 C00435933 CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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

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

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

Signature of Treasurer Engel, Timothy J., , Mr., [Electronically Filed] Date 04 / 20 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="182993.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="182993.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25445.42"/>	<input type="text" value="25445.42"/>
(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="208438.89"/>	<input type="text" value="208438.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="208438.89"/>	<input type="text" value="208438.89"/>
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. 05/2016)

Write or Type Committee Name

American Academy of Neurology BrainPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16511.75	16511.75
(ii) Unitemized	8933.67	8933.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25445.42	25445.42
(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)	25445.42	25445.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	25445.42	25445.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25445.42	25445.42

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	25445.42	25445.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25445.42	25445.42
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Subtracted \$40 from year starting balance to adjust for minor discrepancies found during 2016 fiscal audit. Refiling report due to account for two missing non-itemized donations.

Form/Schedule:

Transaction ID:

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

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. Kenton, Edgar, J., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Clearview Drive
 City Danville State PA Zip Code 17821-9115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health system Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2017
Transaction ID : 40361844
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brock, Charles, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17307 San Aringo Pl
 City Lutz State FL Zip Code 33548-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2017
Transaction ID : 40361845
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Camenga, David, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Togus Veterans' Adm Med Ctr Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2017
Transaction ID : 40361846
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 8 OF 14
	(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"/> 15
	<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. Ubogu, Eroboghene, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5531 Lake Trace Drive
 City Hoover State AL Zip Code 35244-3966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Alabama at Birmingham Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 03 / 2017**
Transaction ID : 40369004
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Perkins, Erik, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11660 Cypress Canyon Road
 City San Diego State CA Zip Code 92131-3756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt **01 / 08 / 2017**
Transaction ID : 40409765
 Amount of Each Receipt this Period 209.00
 Memo Item

C. Bhat, Madhav, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4108 Boca Trl
 City Fort Wayne State IN Zip Code 46815-5779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Wayne Neurological Center Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 08 / 2017**
Transaction ID : 40444059
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	959.00
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 9 OF 14
	<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. Hake, Ann, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4398 Asbury Street

City Indianapolis	State IN	Zip Code 46227-8608
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		12		2017

Transaction ID : 40455834

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 34 Stonybrook Road

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		19		2017

Transaction ID : 40467324

Amount of Each Receipt this Period
416.66

Memo Item

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

Mailing Address 50 Park Row West
Apt 621

City Providence	State RI	Zip Code 02903-1149
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
409.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		21		2017

Transaction ID : 40472782

Amount of Each Receipt this Period
409.09

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2825.75
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 14
<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. Evans, David, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6722 Deloache Ave

City Dallas	State TX	Zip Code 75225-2509
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Neurology	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2017

Transaction ID : 40472783

Amount of Each Receipt this Period
2500.00

Memo Item

B. Narayanaswami, Pushpa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 Clinton Road

City Chestnut Hill	State MA	Zip Code 02467-1419
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Beth Israel Deaconess Medical Center	Occupation (for Individual) Physician
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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
01	/	21	/	2017

Transaction ID : 40472785

Amount of Each Receipt this Period
500.00

Memo Item

C. Wilson, John, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 928 Mapleton Ave

City Oak Park	State IL	Zip Code 60302-1404
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : 40475514

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 11 OF 14
	<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. O'Bannon, John, M., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7301 Forest Ave Ste 300
 City Richmond State VA Zip Code 23226-3792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neurological Associates Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : 40475976
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wiesman, Janice, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E 38th Street Apt 14D
 City New York State NY Zip Code 10016-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston University School of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 27 / 2017
Transaction ID : 40487421
 Amount of Each Receipt this Period 209.00
 Memo Item

C. Stevens, James, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Aboite Center Rd
 City Fort Wayne State IN Zip Code 46814-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Physicians, Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 28 / 2017
Transaction ID : 40501196
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
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 12 OF 14
<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. Finney, Glen, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 Homestead Dr

City Dallas	State PA	Zip Code 18612-7227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Geisinger	Occupation (for Individual) Behavioral Neurology
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2017

Transaction ID : 40501202

Amount of Each Receipt this Period
208.34

Memo Item

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

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087-3808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital and Med. Center of	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2017

Transaction ID : 40501210

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 1725 W Harrison St Ste 1106

City Chicago	State IL	Zip Code 60612-3845
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rush Univ. Med. Ctr.	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2017

Transaction ID : 40501211

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	642.34
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 13 OF 14
<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. Jung Henson, Lily, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4785 Kitty Hawk Drive
 City Atlanta State GA Zip Code 30342-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 28 / 2017
Transaction ID : 40501212
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Janus, Todd, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Muskogee Avenue
 City Des Moines State IA Zip Code 50312-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnityPoint Health Physicians Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 28 / 2017
Transaction ID : 40501243
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Fee, Dominic, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Griffith Court
 City Waukesha State WI Zip Code 53188-9570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2017
Transaction ID : 40501245
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3916.66
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 14 OF 14
(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. Dexter, Donn, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7410 Lakeview Dr

City Eau Claire	State WI	Zip Code 54701-8329
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2017

Transaction ID : 40546254

Amount of Each Receipt this Period
1000.00

Memo Item

B. Prusinski, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Lansing Island

City Indian Harbour Beach	State FL	Zip Code 32937-5354
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Neurologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2017

Transaction ID : 40546415

Amount of Each Receipt this Period
1000.00

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	16511.75