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FEC FORM 3X

04/07/2016 18 : 14

PAGE 1 / 21

REPO	ORT	OF	REC	EIPTS	
AND	DIS	BUF	RSEN	IENTS)

For Other Than An Authorized Committee

									Offi	ce Use Only	
	E OF IMITTEE (in 1		e or pr	INT 🔻		mple: If typin r the lines.	ng, type	12FE	4M5		
Ameri	can Acad	emy of Ne	urology	y Brainl	PAC						1
	C (assume to a second	4	01 C St NI	Ē							
•	S (number and										
	Check if diffe than previous reported. (AC	ly i v	Vashingto	n 				DC	2	20002	-
2. FEC	IDENTIFIC/	TION NUMB	ER 🔻		CITY 🔺		S			ZIP CC	
С	C00435933				3. IS THIS REPORT		NEW N) OR	×	AMENE (A)	DED	
	E OF REP ose One)	ORT	(b) Month Report	ť L	Feb 20 (M2)		May 20 (M5)		Aug 20 (I	M8)	Nov 20 (M11) (Non-Election Year Only)
(a)	Quarterly Rep	orts:	Due C	×	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (I		Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly	Report (Q1)			Apr 20 (M4)		Jul 20 (M7)	<u> </u>	Oct 20 (N	<u> </u>	Jan 31 (YE)
	July 15 Quarterly	Report (Q2)	P	2-Day PRE -Electic Report for t		Primary (12F Convention (neral (12G ecial (12S)		Runoff (12R)
	October Quarterly	I5 Report (Q3)					120)	op			
	January 3 Year-End	31 Report (YE)		E	Election on	M M /	D D /	YYY	YY	in the State o	of
	July 31 M Report (N Year Only	Ion-election	P	0-Day OST -Elect		General (300	G)	Ru	noff (30R)		Special (30S)
	Terminati (TER)	on Report	F	Report for t	ne: Election on	M M /		Y Y	Y Y	in the State o	of
5. Cove	ring Period	02	01		016	through	M M 02	/ D 29	D / Y	y y y 2016	
-	nat I have ex Print Name of	amined this R	eport and Ir. Timoth		est of my kno	wledge and I	belief it is true	e, corre	ct and cor	nplete.	
Signature	of Treasurer	Mr. Timot	hy J. Engel			[Electronically	y Filed] Da	ate	M M /	D D / 07	2016
NOTE: Su	bmission of fa	Ilse, erroneous	, or incom	plete infor	mation may su	ubject the pers	son signing th	is Repo	rt to the pe	enalties of 2	U.S.C. §437 <u>g</u> .
	Office Use			-						EC FOF Rev. 12/2	RM 3X
	Only									1150. 12/2	.004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
ŀ	American Academy of Neurology Bra	ainPAC	
R	eport Covering the Period: From: 02	/ 01 / Y Y Y Y 01 2016 To:	02 / D D / Y Y Y Y 29 2016
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		147260.14
	(b) Cash on Hand at Beginning of Reporting Period	113302.97	
	(c) Total Receipts (from Line 19)	25751.88	62904.71
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	139054.85	210164.85
7.	Total Disbursements (from Line 31)	7000.00	78110.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132054.85	132054.85
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Neurology BrainPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
I. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	10500.01			
(i) Itemized (use Schedule A)	18589.21	40920.37		
(ii) Unitemized	6662.67	21484.34		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)	25251.88	62404.71		
	0.00	0.00		
(b) Political Party Committees	7 7 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)	25251.88	62404.71		
2. Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
4. Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	7 7 7 7	7 7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other Political Committees	500.00	500.00		
7. Other Federal Receipts		300.00		
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds	7 7	7 7		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))►	25751.88	62904.71		
Tatal Fadaral Dessists				
 Total Federal Receipts (subtract Line 18(c) from Line 19)▶ 	25751.88	62904.71		
	1 1 1	02904.71		

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 4 COLUMN B		
	II. Disbursements	II. Disbursements COLUMN A Total This Period			
. (Dperating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00		
(Committees Contributions to	0.00	0.00		
l	Federal Candidates/Committees and Other Political Committees	6000.00	77000.00		
	ndependent Expenditures use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
	.oan Repayments Made	0.00	0.00		
	.oans Made	0.00	0.00		
	Refunds of Contributions To: a) Individuals/Persons Other	1000.00	1110.00		
	Than Political Committees				
	b) Political Party Committeesc) Other Political Committees	0.00	0.00		
`	(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	1000.00			
	(add Lines 28(a), (b), and (c))►	1000.00	1110.00		
(Other Disbursements	0.00	0.00		
	Federal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share				
	(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7000.00	78110.00		
	Total Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)	7000.00	78110.00		

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L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	25251.88	62404.71
 Total Contribution Refunds (from Line 28(d)) 	1000.00	1110.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24251.88	61294.71
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

Amended to remove one \$150 contribution that was incorrectly included in this PAC's fundraising totals for the period of January 1-31, 2016. This second amendment is to correct the beginning of period balance for this report.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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21

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) American Academy of Neurol	logy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Edgar J. Kenton III Mailing Address 100 N Academy Ave		Date of Receipt
City	State Zip Code	
Danville	PA 17822-9800	Transaction ID : 39054797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Geisinger Health system	Occupation Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) B. Dr. Bruce H. Cohen		Date of Receipt
Mailing Address 3141 Neille Lane		02 01 2016
City Twinsburg	State Zip Code OH 44087-3808	Transaction ID : 39054799
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 186.46
Name of Employer Children's Hospital and Med. Center of	Occupation Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 448.96]
Full Name (Last, First, Middle Initial) C. Dr. Elaine C. Jones		Date of Receipt
Mailing Address 212 Bay Spring Ave		02 01 2016
City Barrington	State Zip Code RI 02806-1332	Transaction ID : 39054800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	409.09
Name of Employer Self	Occupation Physician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 909.09]
SUBTOTAL of Receipts This Page (optional))	1595.55

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

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

(check only one)

PAGE

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TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
Any information copied from such Re or for commercial purposes, other that	I ports and Statements may not be sold or used by any p n using the name and address of any political committe	person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) American Academy of N	leurology BrainPAC									
Full Name (Last, First, Middle Initia A. Dr. Orly Avitzur Mailing Address 815 Old Sleepy He City Briarcliff FEC ID number of contributing federal political committee. Name of Employer Self		Date of Receipt								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]								
Full Name (Last, First, Middle Initia B. Dr. Eric Anderson Mailing Address 2152 Spring Creek	· · · · · · · · · · · · · · · · · · ·	Date of Receipt								
City	State Zip Code GA 30033-2608	Transaction ID : 39063075								
Decatur FEC ID number of contributing federal political committee.	GA 30033-2608	Amount of Each Receipt this Period								
Name of Employer Self	Occupation Neurologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]								
Full Name (Last, First, Middle Initia C. Dr. Nancy N. Futrell	l)	Date of Receipt								
Mailing Address 7930 Majestic Driv		M M / D D / Y Y Y Y Y 02 05 2016								
City Cottonwood Heights	StateZip CodeUT84121-5789	Transaction ID : 39063141 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	1000.00								
Name of Employer Intermountian Stroke Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Memo Item								
SUBTOTAL of Receipts This Page (pptional)	2500.00								

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

FOR LINE NUMBER:

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21

			Use separate schedule(s)		(check only one)						
	TEMIZED RECEIPTS for each category of the Detailed Summary Page			X 11a		1b 4	11c	12	ſ	17	
	ny information copied from such Reports and for commercial purposes, other than using				for the	purpo	se of	solicitin	g contri	butic	ons
\vdash	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								-
	American Academy of Neurol	ogy BrainP	AC								
Α.	Full Name (Last, First, Middle Initial) Dr. Marc R. Nuwer				Date o	f Rece	eipt				
	Mailing Address 711 Haverford Ave				02 11 2016						
	City Pacific Palisades	Zip Code 90272-4313					390774 leceipt t	23 his Peri	od		
	FEC ID number of contributing federal political committee.	С								50.00)
	Name of Employer UCLA Dept. of Neurology	Occupation Physician			Me	mo lte	m				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1250.00	4							
в.	Full Name (Last, First, Middle Initial) Dr. John C. Morris				Date o	f Rece	eipt				
	Mailing Address 750 South Hanley Rd, Unit # 50				02 11 2016						
	City Clayton	State MO	Zip Code 63105-2695					390774 leceipt t	44 his Peri	od	
	FEC ID number of contributing federal political committee.	С								0.00)
	Name of Employer Washington University School of Medici	Occupation Physician			Me	mo lte	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Jennifer J. Majersik				Date o	f Rece	əipt				
	Mailing Address 1746 Yalecrest Ave				02	/	D D D D D D D D D D D D D D D D D D D		2016		
	City Salt Lake City	State UT	Zip Code 84108-1840					390780 leceipt t	10 his Peri	od	
	FEC ID number of contributing federal political committee.				,			50	0.00)	
	Name of Employer	Occupation			Me	mo lte	m				
	University of Utah	Neurologist	:								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)								225	50.00)

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than using		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Neuro	blogy BrainPAC	
Full Name (Last, First, Middle Initial) Dr. Joan Puglia Mailing Address 130 Afra Drive		Date of Receipt
City	State Zip Code	02 12 2016 Transaction ID : 39084257
West Boylston FEC ID number of contributing	MA 01583-2132	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self - Northwest Hills Neurology, P.C.	Occupation Neurologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	·
Full Name (Last, First, Middle Initial) B. Dr. James C. Stevens		Date of Receipt
Mailing Address 12112 Aboite Center Rd		02 13 2016
City Fort Wayne	StateZip CodeIN46814-9528	Transaction ID : 39084531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer Allied Physicians, Inc.	Occupation Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	
Full Name (Last, First, Middle Initial) C. Dr. John M. O'Bannon III		Date of Receipt
Mailing Address 7301 Forest Ave Ste 300		02 12 2016
City Richmond	StateZip CodeVA23226-3792	Transaction ID : 39097385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Neurological Associates Receipt For:	Neurologist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optiona	l)	709.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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21

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
$\Big\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Nancy L. Mueller Mailing Address 34 Stonybrook Road			Date of Receipt
	City Tenafly	State NJ	Zip Code 07670-1118	02 19 2016 Transaction ID : 39106484
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 416.66
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 833.32	Memo Item
В.	Full Name (Last, First, Middle Initial) Dr. Dominic B. Fee Mailing Address 111 Griffith Court			Date of Receipt
	City Waukesha FEC ID number of contributing federal political committee.	State WI	Zip Code 53188-9570	Transaction ID : 39108485 Amount of Each Receipt this Period 1000.00
	Name of Employer Medical College of Wisconsin	Occupation Neurologist		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Todd J. Janus			Date of Receipt
	Mailing Address 4008 Muskogee Avenue			02 21 2016
	City Des Moines	State IA	Zip Code 50312-4627	Transaction ID : 39108508 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer	Occupation	1	Memo Item
	UnityPoint Health Physicians	Neurologist	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	2916.66
т	OTAL This Period (last page this line number o	nly)	••••••	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using th		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainPAC			
Full Name (Last, First, Middle Initial) Dr. Robyn G. Young		Date of Receipt		
Mailing Address 5 Sandpiper Place	State Zip Code	02 23 2016 Transaction ID : 39136403		
Alameda	CA 94502-7419	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self	Occupation Neurologist	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) B. Dr. Janice F. Wiesman		Date of Receipt		
Mailing Address 330 E 38th Street Apt 14D	02 24 2016			
City New York	State Zip Code NY 10016-2768	Transaction ID : 39136438		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer Boston University School of Medicine	Occupation Physician	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00			
Full Name (Last, First, Middle Initial) C. Dr. Laszlo Mechtler		Date of Receipt		
Mailing Address 4785 Spaulding Drive	Mailing Address 4785 Spaulding Drive			
City Clarence	State Zip Code NY 14031-1558	Transaction ID : 39165095 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer	Occupation	Memo Item		
Dent Neurologic Institute	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Other (specify) ▼	1000.00			
SUBTOTAL of Receipts This Page (optional)		2209.00		
TOTAL This Period (last page this line number				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the						
American Academy of Neurolog	gy BrainP	AC				
Full Name (Last, First, Middle Initial) Dr. Laszlo Mechtler			Date of Receipt			
Mailing Address 4785 Spaulding Drive	State	Zip Code	02 / 24 2016 Transaction ID : 39165120			
Clarence	NY	14031-1558	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		1500.00			
Name of Employer	Occupation		Memo Item			
Dent Neurologic Institute Receipt For:	Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) B. Dr. David L. Camenga			Date of Receipt			
Mailing Address 6 Glenwood Ave						
City Augusta	State ME	Zip Code 04330-6906	Transaction ID : 39166532 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		125.00			
Name of Employer Togus Veterans' Adm Med Ctr	Occupation Neurologist		Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) C. Dr. Bruce Sigsbee			Date of Receipt			
Mailing Address 1199 Sennebec Rd			02 25 / Y Y Y Y 02 25 2016			
City Union	State ME	Zip Code 04862-4628	Transaction ID : 39166538 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		200.00			
Name of Employer	Occupation		Memo Item			
Penobscot Bay Medical Center	Physician		_			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
SUBTOTAL of Receipts This Page (optional)			1825.00			
TOTAL This Period (last page this line number						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and St for commercial purposes, other than using the					
$\Big\rangle$	NAME OF COMMITTEE (In Full) American Academy of Neurology	y BrainP	AC			
Α.	Full Name (Last, First, Middle Initial) Dr. Glen R. Finney	Dr. Glen R. Finney				
	Mailing Address 828 Homestead Dr City	State	Zip Code	02 28 2016 Transaction ID : 39194671		
	Dallas	PA	18612-7227	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		208.34		
	Name of Employer	Occupation	1	Memo Item		
	Geisinger	Behavioral	Neurology	_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		416.68			
в.	Full Name (Last, First, Middle Initial) Dr. Steven L. Lewis			Date of Receipt		
	Mailing Address 1725 W Harrison St Ste 1106	02 28 2016				
	City Chicago	State IL	Zip Code 60612-3845	Transaction ID : 39194676 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		209.00		
	Name of Employer Rush Univ. Med. Ctr.	Occupatior Physician	1	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00			
C.	Full Name (Last, First, Middle Initial) Dr. Lily Jung Henson	Date of Receipt				
	Mailing Address 4785 Kitty Hawk Drive	02 28 2016				
	City Atlanta	State GA	Zip Code 30342-2506	Transaction ID : 39194677 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		416.66		
	Name of Employer	Occupation	1	Memo Item		
	Piedmont Healthcare	Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Other (specify) V		833.32			
s	UBTOTAL of Receipts This Page (optional)			. 834.00		
т	OTAL This Period (last page this line number c	only)				

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to solici NAME OF COMMITTEE (In Full) American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) A. Dr. David N. McCollum Mailing Address 1267 Redfields Road City State Zip Code Charlottesville VA 22903-7892 FEC ID number of contributing federal political committee. Name of Employer University of Virginia Descript Form											
American Academy of Neurology BrainPAC Full Name (Last, First, Middle Initial) Dr. David N. McCollum Mailing Address 1267 Redfields Road City State Charlottesville VA FEC ID number of contributing federal political committee. Name of Employer Occupation University of Virginia Neurologist	Image: Constraint of the second se										
A. Dr. David N. McCollum Mailing Address 1267 Redfields Road City State Zip Code Charlottesville VA 22903-7892 FEC ID number of contributing federal political committee. C Name of Employer Occupation University of Virginia Neurologist	Image: Constraint of the second se										
City State Zip Code Charlottesville VA 22903-7892 FEC ID number of contributing federal political committee. C Name of Employer Occupation University of Virginia Neurologist	02 28 2016 Transaction ID : 39194682 nount of Each Receipt this Period 1000.00 Memo Item										
Charlottesville VA 22903-7892 Arr FEC ID number of contributing federal political committee. C C C Name of Employer Occupation C University of Virginia Neurologist C	Memo Item										
FEC ID number of contributing federal political committee. C Name of Employer Occupation University of Virginia Neurologist	1000.00 Memo Item										
University of Virginia Neurologist											
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FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period										
Name of Employer Occupation Dent Neurologic Institute Physician	Memo Item										
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00											
Full Name (Last, First, Middle Initial) C. Dr. Mark Mintz Da	ate of Receipt										
	02 29 / Y Y Y Y 2016										
	Transaction ID : 39195643 nount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	250.00										
Name of Employer Occupation	Memo Item										
The Center of Neurological Health Physician											
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00											
SUBTOTAL of Receipts This Page (optional)	2250.00										

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Academy of Neurology Brain	PAC	
Full Name (Last, First, Middle Initial) Dr. Murtaza Amir Mailing Address 920 Bishop Walsh Road City State Cumberland MD FEC ID number of contributing federal political committee. C	Zip Code 21502-1806	Date of Receipt 02 29 2016 Transaction ID : 39195647 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. Dr. Mark Mintz Mailing Address 20 Robin Lake Drive		Date of Receipt
City State Cherry Hill NJ FEC ID number of contributing federal political committee. C	Zip Code 08003-2851	Transaction ID : 39195648 Amount of Each Receipt this Period 250.00
Name of Employer Occupat The Center of Neurological Health Physicial Receipt For: Aggregat Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) Dr. Mark Mintz Mailing Address 20 Robin Lake Drive City State	Zip Code	Date of Receipt 02 29 2016 Transaction ID : 39195652
Cherry Hill NJ FEC ID number of contributing federal political committee. C Name of Employer Occupate The Center of Neurological Health Physicial Receipt For: Aggregate Primary General Other (specify) ▼ Image: Contributing federal		Amount of Each Receipt this Period 250.00 Memo Item
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SCHEDULE A	(FEC	Form	3X)
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	NAME OF COMMITTEE (In Full) American Academy of Neurolo	gy BrainP	AC											
Α.	Full Name (Last, First, Middle Initial) Dr. Laszlo Mechtler Mailing Address 4785 Spaulding Drive				Date			D	/ Y	Y	Y	Y		
					02	1	2	28	I L	20	016			
	City	State NY	Zip Code		Tran	sac	tion IE	D:3	934752	28				
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	Dent Neurologic Institute	Physician												
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	City		Amount of Each Receipt this Period											
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	Name of Employer	Occupation			Ш	cino	item							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ne	urology BrainP	AC	
Full Name (Last, First, Middle Initial) A. Mary Lawrence For Congress Mailing Address P.O. Box 21215 City Eagan FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2016 Primary General Other (specify)	Occupation	Zip Code 55121 0573063 Year-to-Date ▼ 500.00	Date of Receipt 02 02 2016 Transaction ID : 39072424 Amount of Each Receipt this Period 500.00 Memo Item
B. Mailing Address		/y I / /y I // // I	Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]
Full Name (Last, First, Middle Initial)	l		Date of Receipt
Mailing Address	State	Zip Code	
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]
SUBTOTAL of Receipts This Page (opt	ional)		500.00
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S	CHEDULE B (FEC Form 3X)									PAGF	19	OF 21					
	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	s) (c	-		E NUMBER: PAGE 19 OF 21 ly one)											
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	American Academy of Neurology E	BrainPAC															
_	Full Name (Last, First, Middle Initial)																
А.	Kinzinger For Congress					Date of Disbursement											
	Mailing Address PO Box 2365					02 10 / Y Y Y Y Y 2016											
	City	State Zip Code				Transaction ID : 39073429											
	Ottawa	IL 61350				Trans	acu		. 3907	3429							
	Purpose of Disbursement Void - Kinzinger For Congress		()11		Amount of Each Disbursement this Period											
	Candidate Name		Cat	egor	·y/						-1000	00					
	Rep. Adam Kinzinger		Т	ype			_	7		7	-1000	.00					
	Senate X President	nent For: 2016 Primary General Other (specify)				Memo Item Void - Kinzinger For Congress											
_	State: IL District: 16																
В.	Full Name (Last, First, Middle Initial) Kinzinger For Congress					Date of	Dis	burse	ement								
	Mailing Address PO Box 2365						02 / 10 / Y Y Y Y 2016										
	Ottawa	State Zip Code IL 61350				Transaction ID : 39073759											
	Purpose of Disbursement Campaign Contribution			011		Amount of Each Disbursement this Period											
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	Rep. Adam Kinzinger		Туре					1000.00									
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<u>с</u> .	Full Name (Last, First, Middle Initial)					Date of	f Dis	burse	ement								
	Mailing Address PO Box 6207							02 10 2016									
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	Bryan	TX 77805				Trans	acti	on ID	: 3907	3761							
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	Candidate Name	late Name						∟acn	Disbu	semer	nt this	Period					
	Rep. Bill Flores			egor ype	y/	1.					2500	00					
	Office Sought: House Disburser Senate President State: TX District: 17	nent For: 2016 Primary General Other (specify) v				Mer Campai	no lt gn C		oution	,							
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_														
	American Academy of Neurology E	BrainPA	С														
Α.	Full Name (Last, First, Middle Initial) Friends Of Sam Johnson Mailing Address P.O. Box 860096							Date o	f Dis	sburs	nent						
							02 10 / Y Y Y Y 2016										
	Plano	State Zip Code TX 75086						Transaction ID : 39073763									
	Purpose of Disbursement Campaign Contribution			0	11		Amount of Each Disbursement this Period										
	Candidate Name			Cate	egor	ry/	1000.00										
	Rep. Sam Robert Johnson			Ty	ype												
	Senate X President	nent For: Primary Other (spe	General				Memo Item Campaign Contribution										
	State: TX District: 03																
В.	Full Name (Last, First, Middle Initial) Brady For Congress						Date of Disbursement										
	Mailing Address PO Box 8277							02 23 2016									
	The Woodlands	State TX	Zip Code 77387					Transaction ID : 39136132									
	Purpose of Disbursement Campaign Contribution 011						Amount of Each Disbursement t								Period		
	Candidate Name Category/							2500.00									
	Senate X	nent For: Primary Other (spe	General	Ty	ype		Memo Item Campaign Contribution										
	State: TX District: 08		<i>,</i> , ,														
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement										
	Mailing Address							M M / D D / Y Y Y Y									
	City State Zip Code																
	Purpose of Disbursement Candidate Name Category/ Type																
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	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General Gerify) ▼				Memo Item										
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SCHEDULE B (FEC Form 3X)				LINE NUMBER: PAGE 21 OF 21											
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NAME OF COMMITTEE (In Full)															
American Academy of Neurology I	BrainPAC														
Full Name (Last, First, Middle Initial) Dr. Laszlo Mechtler						Date of Disbursement									
Mailing Address 4785 Spaulding Drive					M M / D D / Y Y Y Y 02 25 2016										
City State Zip Code Clarence NY 14031-1558						Transaction ID : 39166563									
Purpose of Disbursement Refund of contribution on 2/24/2016	pose of Disbursement						Amount of Each Disbursement this Period								
Candidate Name Category/						1000.00									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	General					Memo Item Refund of contribution on 2/24/2016								
State: District: Full Name (Last, First, Middle Initial)															
י שו ואמווים (במסו, ד ווסו, ואוועטום וווונומו)					Date of Disbursement										
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