

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) 201 Chicago Avenue

Check if different than previously reported. (ACC)

Minneapolis MN 55415

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

C C00435933

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2022 through 08 / 31 / 2022

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

Myren, Kevin C., , Mr.,

Type or Print Name of Treasurer _____

Signature of Treasurer Myren, Kevin C., , Mr., [Electronically Filed] Date 09 / 19 / 2022

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="2022"/>		417087.94
(b) Cash on Hand at Beginning of Reporting Period.....	410069.56	
(c) Total Receipts (from Line 19)	7736.66	189318.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	417806.22	606406.22
7. Total Disbursements (from Line 31).....	26500.00	215100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	391306.22	391306.22
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

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).....	6372.66	147401.28
(ii) Unitemized	1364.00	41917.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7736.66	189318.28
(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)	7736.66	189318.28
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)).....▶	7736.66	189318.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7736.66	189318.28

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.....	26500.00	215000.00
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	100.00
(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	100.00
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)) ..	26500.00	215100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26500.00	215100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	7736.66	189318.28
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7736.66	189218.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<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. Reynolds, Wesley, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3735 Yates St

City Denver	State CO	Zip Code 80212-2040
----------------	-------------	------------------------

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

Name of Employer (for Individual) Centura Health	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 47847169

Amount of Each Receipt this Period
250.00

Memo Item

B. Greeley, David, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 E 27th Avenue

City Spokane	State WA	Zip Code 99203-3348
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwest Neurological, PLLC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 47847170

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 201 Chicago Ave

City Minneapolis	State MN	Zip Code 55415-1126
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Academy of Neurology	Occupation (for Individual) General Counsel
--	--

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
08		02		2022

Transaction ID : 47847171

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
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 7 OF 27
<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. 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 ▼
1672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

Transaction ID : 47847172

Amount of Each Receipt this Period
209.00

Memo Item

B. Koenig, Matthew, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 Koko Head Ave

City Honolulu	State HI	Zip Code 96816-3234
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Queen's Medical Center	Occupation (for Individual) Neurologist
---	--

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
08		03		2022

Transaction ID : 47848536

Amount of Each Receipt this Period
125.00

Memo Item

C. Patel, Anup, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1834 Chateaugay Way

City Blacklick	State OH	Zip Code 43004-8001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nationwide Children's Hospital and the	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2022

Transaction ID : 47855739

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
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 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kilgore, Shannon, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) VA Palo Alto HCS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 04 / 2022
Transaction ID : 47855740
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Potts, Daniel, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Tuscaloosa Veterans Affairs Medical Ce Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 08 / 04 / 2022
Transaction ID : 47855741
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Chin, Jerome, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1046
 City Tiburon State CA Zip Code 94920-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 07 / 2022
Transaction ID : 47862332
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	168.00
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 27
<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. Cutsforth-Gregory, Jeremy, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 331 Wimbledon Hills Dr SW

City Rochester	State MN	Zip Code 55902-4134
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
84.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2022

Transaction ID : 47867491

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 8 Pine Forest Drive

City Russellville	State AR	Zip Code 72801-4514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Davis Neurology PLLC	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2022

Transaction ID : 47867493

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5003 W Evelyn Drive

City Tampa	State FL	Zip Code 33609-3601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moffitt Cancer Center Magnolia Campus	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2022

Transaction ID : 47867494

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	284.00
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 27
<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. Riaz, Awais, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1381 E. Hickory Lane

City Murray	State UT	Zip Code 84121-2502
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1672.00

Date of Receipt
08 / 15 / 2022
Transaction ID : 47867637

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 535 West 110th Street Apt 6C

City New York	State NY	Zip Code 10025-2025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montefiore Medical Center	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
08 / 15 / 2022
Transaction ID : 47867638

Amount of Each Receipt this Period
85.00

Memo Item

C. Tanner, Caroline, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3011 Acton St

City Berkeley	State CA	Zip Code 94702-2706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PADRECC, San Francisco VAMC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 16 / 2022
Transaction ID : 47867817

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	379.00
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 27
<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. Smith, Marsha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5988 Capeview Pl
 City Mason State OH Zip Code 45040-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverhills Neuroscience Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 16 / 2022
Transaction ID : 47867818
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Stavros, Kara, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Pitman Street Apt 105
 City Providence State RI Zip Code 02906-5120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 08 / 18 / 2022
Transaction ID : 47887338
 Amount of Each Receipt this Period 42.00
 Memo Item

c. Chiota-McCollum, Nicole, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 679 Goose Neck Dr
 City Lititz State PA Zip Code 17543-8368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia School of Medic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2022
Transaction ID : 47887341
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.00
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 27
<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. Rasmussen-Winkler, Jennifer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5745 Connie Lane

City Rockwall	State TX	Zip Code 75032-8138
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baylor Scott & White	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2022

Transaction ID : 47887342

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5588 E. Kemper Road

City Cincinnati	State OH	Zip Code 45241-2125
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Neuroscience Group	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2022

Transaction ID : 47887350

Amount of Each Receipt this Period
500.00

Memo Item

C. Jozefowicz, Ralph, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 78 Lac Kine Drive

City Rochester	State NY	Zip Code 14618-5608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Rochester	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2022

Transaction ID : 47888550

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 13 OF 27
	<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. Anderson, Eric, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5921 Bayview Circle South

City Gulfport	State FL	Zip Code 33707-3929
------------------	-------------	------------------------

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

Name of Employer (for Individual) Intensive Neuro	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2022

Transaction ID : 47889989

Amount of Each Receipt this Period
209.00

Memo Item

B. Al-Khalili, Yasir, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 716 Carolyn Court

City South Hill	State VA	Zip Code 23970-1528
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Commonwealth University	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2022

Transaction ID : 47890001

Amount of Each Receipt this Period
84.00

Memo Item

C. Schwartzbard, Julie, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19451 Ambassador Ct

City Miami	State FL	Zip Code 33179-6429
---------------	-------------	------------------------

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

Name of Employer (for Individual) Aventura Neurologic and Assoc.	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2022

Transaction ID : 47890003

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	377.00
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 27
	<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. Khan, Jaffar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1185 Pine Ridge Rd NE

City Atlanta	State GA	Zip Code 30324-2526
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Emory Healthcare	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		23		2022

Transaction ID : 47891045

Amount of Each Receipt this Period
84.00

Memo Item

B. Holtz, Steven, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2009 Tampa Avenue

City Oakland	State CA	Zip Code 94611-2620
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Neurology Medical Group of Diablo Vall	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2022

Transaction ID : 47891975

Amount of Each Receipt this Period
100.00

Memo Item

C. 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
----------------	-------------	------------------------

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

Name of Employer (for Individual) Geisinger Health	Occupation (for Individual) Behavioral Neurology
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2022

Transaction ID : 47891976

Amount of Each Receipt this Period
405.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	589.00
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 27
<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. Kass, Joseph, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4903 Valerie

City Bellaire	State TX	Zip Code 77401-5707
------------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2022

Transaction ID : 47891977

Amount of Each Receipt this Period
84.00

Memo Item

B. Sico, Jason, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 Redcoat Lane

City Guilford	State CT	Zip Code 06437-1905
------------------	-------------	------------------------

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

Name of Employer (for Individual) West Haven VAMC/Yale School of Medicin	Occupation (for Individual) Clinical Reasearch Fellow
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
930.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2022

Transaction ID : 47892165

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 2295 New Town Dr NE

City Grand Rapids	State MI	Zip Code 49525-3917
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Saint Mary's Hauenstein N	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2022

Transaction ID : 47892166

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	369.00
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 27
	<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. Busis, Neil, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1065 2nd Ave, 7J

City New York	State NY	Zip Code 10022-2887
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Langone Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.28

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2022

Transaction ID : 47892167

Amount of Each Receipt this Period
416.66

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
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Institute of Neurological Care	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1672.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2022

Transaction ID : 47892169

Amount of Each Receipt this Period
209.00

Memo Item

C. Bruns, Marla, Beth, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Blue Pine Circle

City Penfield	State NY	Zip Code 14526-9547
------------------	-------------	------------------------

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

Name of Employer (for Individual) Unity Rehabilitation & Neurology At Ri	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 27 / 2022

Transaction ID : 47901076

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	667.66
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 17 OF 27
	<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. Gilmer, William, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 Binz St
Ste 1270

City Houston State TX Zip Code 77004-6937

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

Name of Employer (for Individual) Willam S Gilmer MD PA Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 27 / 2022
Transaction ID : 47901077

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 18911 Presley Circle

City Cerritos State CA Zip Code 90703-6087

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

Name of Employer (for Individual) Torrance Memorial Physician Network Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 28 / 2022
Transaction ID : 47901108

Amount of Each Receipt this Period 30.00

Memo Item

C. Johnson, Nicholas, Elwood, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11535 GREY OAKS ESTATES RUN

City Glen Allen State VA Zip Code 23059-5924

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

Name of Employer (for Individual) Virginia Commonwealth University Occupation (for Individual) Neurologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2022
Transaction ID : 47901109

Amount of Each Receipt this Period 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 239.00

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 18 OF 27
	<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. Di Carlo-Garner, Rosanna, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3647 Bayshore Blvd NE

City Saint Petersburg	State FL	Zip Code 33703-5513
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Vincent Di Carlo & Associates	Occupation (for Individual) Neurologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2022

Transaction ID : 47901112

Amount of Each Receipt this Period
42.00

Memo Item

B. Urion, David, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Pierce Hill Road

City Lincoln	State MA	Zip Code 01773-3201
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Hospital Boston	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2022

Transaction ID : 47901113

Amount of Each Receipt this Period
100.00

Memo Item

C. McKinnon, Jonathan, Hart, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 N Buffalo Drive
Suite B

City Las Vegas	State NV	Zip Code 89145-0301
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Las Vegas Clinic	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2022

Transaction ID : 47947497

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
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 27
<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. McKinnon, Jonathan, Hart, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 N Buffalo Drive
 Suite B
 City Las Vegas State NV Zip Code 89145-0301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Las Vegas Clinic Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 31 / 2022
Transaction ID : 47947498
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Jordan, Justin, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Independence Circle
 City Beverly State MA Zip Code 01915-1578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2022
Transaction ID : 47947503
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Holtz, Steven, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 Tampa Avenue
 City Oakland State CA Zip Code 94611-2620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neurology Medical Group of Diablo Vall Occupation (for Individual) Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 08 / 06 / 2022
Transaction ID : 47947505
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.00
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 20 OF 27
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
Tilton, Ann, H., Dr.,

Mailing Address 30 Pelham Dr

City Metairie	State LA	Zip Code 70005-4454
------------------	-------------	------------------------

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

Name of Employer (for Individual) LSUHSC and Childrens Hospital of New O	Occupation (for Individual) Neurologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2022

Transaction ID : 47947506

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	6372.66

**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"/> 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. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement Political Contribution

011

Category/Type

Candidate Name

Ruppensberger, C.A., Dutch, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2022

FEC Identification Number

C C00376673

Transaction ID : 47887674

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement Political Contribution

011

Category/Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2022

FEC Identification Number

C C00514893

Transaction ID : 47887675

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Axne For Congress

Mailing Address PO Box 65551

City West Des Moines State IA Zip Code 50265

Purpose of Disbursement Political Contribution

011

Category/Type

Candidate Name

Axne, Cindy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2022

FEC Identification Number

C C00646844

Transaction ID : 47887676

Amount of Each Disbursement this Period

1000.00

Political Contribution

Memo Item

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"/> 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. Lahood For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022
Mailing Address P.O. Box 10735		FEC Identification Number C00575050 Transaction ID : 47887677
City Peoria	State IL	Zip Code 61612
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name LaHood, Darin, , Rep.,		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 18	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Jason Smith For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022
Mailing Address PO Box 1324		FEC Identification Number C00541862 Transaction ID : 47887678
City Cape Girardeau	State MO	Zip Code 63702
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name Smith, Jason, T., Rep.,		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 08	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Judy Chu For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022
Mailing Address 16633 Ventura Blvd # 1008		FEC Identification Number C00458125 Transaction ID : 47887680
City Encino	State CA	Zip Code 91436
Purpose of Disbursement Political Contribution		Category/Type 011
Candidate Name Chu, Judy, , Rep.,		Amount of Each Disbursement this Period 1000.00 Political Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 27	<input type="checkbox"/> Memo Item	

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"/> 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. Smucker For Congress			Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address 824 S Millledge Ave Ste 101			FEC Identification Number C00599464 Transaction ID : 47887683	
City Athens	State GA	Zip Code 30605	Amount of Each Disbursement this Period 1000.00 Political Contribution	
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Smucker, Lloyd, , Rep.,		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 11				

Full Name (Last, First, Middle Initial) B. Nevadans For Steven Horsford			Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address PO Box 336664			FEC Identification Number C00668228 Transaction ID : 47887684	
City North Las Vegas	State NV	Zip Code 89033	Amount of Each Disbursement this Period 1000.00 Political Contribution	
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Horsford, Steven, , Rep.,		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NV District: 04				

Full Name (Last, First, Middle Initial) C. McCollum For Congress			Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address P.O. Box 14131			FEC Identification Number C00354688 Transaction ID : 47887685	
City St. Paul	State MN	Zip Code 55114	Amount of Each Disbursement this Period 1000.00 Political Contribution	
Purpose of Disbursement Political Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name McCollum, Betty, , Rep.,		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 04				

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"/> 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. Bill Foster For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022
Mailing Address PO Box 9104		FEC Identification Number C C00435099 Transaction ID : 47887687
City Aurora	State IL	Zip Code 60598
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00 Political Contribution
Candidate Name Foster, Bill, , Rep., PhD		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 11	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Joe Morelle For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022
Mailing Address P.O. Box 90914		FEC Identification Number C C00675108 Transaction ID : 47887689
City Rochester	State NY	Zip Code 14609
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00 Political Contribution
Candidate Name Morelle, Joseph, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 25	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Mad 4 Pa Pac		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022
Mailing Address P.O. Box 444		FEC Identification Number C C00670844 Transaction ID : 47887692
City Glenside	State PA	Zip Code 19038
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00 Political Contribution
Candidate Name Dean, Madeleine, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 04	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

A. Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Box 137

M M M	/	D D D	/	Y Y Y Y Y
08		18		2022

City Spokane State WA Zip Code 99210

FEC Identification Number

Purpose of Disbursement Political Contribution

011
Category/Type

C C00390476

Transaction ID : 47887694

Amount of Each Disbursement this Period

Candidate Name
McMorris Rodgers, Cathy, , Rep.,

1500.00

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) State: WA District: 05

Political Contribution

Memo Item

B. Paul Tonko For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 911 Central Avenue # 221

M M M	/	D D D	/	Y Y Y Y Y
08		18		2022

City Albany State NY Zip Code 12206

FEC Identification Number

Purpose of Disbursement Political Contribution

011
Category/Type

C C00450049

Transaction ID : 47887695

Amount of Each Disbursement this Period

Candidate Name
Tonko, Paul, David, Rep.,

1500.00

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) State: NY District: 20

Political Contribution

Memo Item

C. Barbara Lee For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 333 Hegenberger Rd, Ste 369

M M M	/	D D D	/	Y Y Y Y Y
08		18		2022

City Oakland State CA Zip Code 94621

FEC Identification Number

Purpose of Disbursement Political Contribution

011
Category/Type

C C00331769

Transaction ID : 47887696

Amount of Each Disbursement this Period

Candidate Name
Lee, Barbara, , Rep.,

1500.00

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) State: CA District: 13

Political Contribution

Memo Item

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

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

4500.00

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**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"/> 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. Maggie for NH		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address PO Box 298		FEC Identification Number C 000588772 Transaction ID : 47887698	
City Concord	State NH	Zip Code 03302	Amount of Each Disbursement this Period 2000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Hassan, Margaret, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH	District:		

Full Name (Last, First, Middle Initial) B. Buddy Carter For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address PO Box 10570		FEC Identification Number C 000543967 Transaction ID : 47887699	
City Savannah	State GA	Zip Code 31412	Amount of Each Disbursement this Period 2000.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Carter, Buddy, , Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 01		

Full Name (Last, First, Middle Initial) C. IMPACT		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address 426 C Street, NE		FEC Identification Number C Transaction ID : 47887700	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2500.00 Political Contribution
Purpose of Disbursement Political Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

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

6500.00

**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"/> 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. Van Hollen For Senate		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address 10605 Concord St. Ste. 202			
City Kensington	State MD	Zip Code 20895	
Purpose of Disbursement Political Contribution		Category/ Type 011	FEC Identification Number C 000573758 Transaction ID : 47887701 Amount of Each Disbursement this Period 2500.00 Political Contribution <input type="checkbox"/> Memo Item
Candidate Name Van Hollen, Chris, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District:			

Full Name (Last, First, Middle Initial) B. Colin Allred For Congress		Date of Disbursement MM / DD / YYYY 08 / 18 / 2022	
Mailing Address PO Box 601631			
City Dallas	State TX	Zip Code 75360	
Purpose of Disbursement Political Contribution		Category/ Type 011	FEC Identification Number C 000637868 Transaction ID : 47887702 Amount of Each Disbursement this Period 1000.00 Political Contribution <input type="checkbox"/> Memo Item
Candidate Name Allred, Colin, , Rep.,			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 32			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	26500.00