

**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)

25 MASSACHUSETTS AVE NW

SUITE 500J

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435933

3. IS THIS
REPORTNEW
(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 M / D 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 M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2026

through

M M M / D D D / Y Y Y Y Y Y
08 31 2026

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

Type or Print Name of Treasurer

MYREN, KEVIN, C., MR.,

Signature of Treasurer

MYREN, KEVIN, C., MR.,

Date

M M M / D D D / Y Y Y Y Y Y
09 16 2026

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 08 / 01 / 2026 To: M M / D D / Y Y Y Y Y 08 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		287686.86
(b) Cash on Hand at Beginning of Reporting Period.....	262867.96	
(c) Total Receipts (from Line 19)	9954.93	197144.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	272822.89	484831.22
7. Total Disbursements (from Line 31)	13000.00	225008.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	259822.89	259822.89
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	6

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).....	9353.29	167643.43
(ii) Unitemized	601.64	29500.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9954.93	197144.36
(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)	9954.93	197144.36
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))	9954.93	197144.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9954.93	197144.36

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	223500.00
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	1508.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1508.33
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)) ..	13000.00	225008.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	225008.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9954.93	197144.36
34. Total Contribution Refunds (from Line 28(d))	0.00	1508.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9954.93	195636.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Alsbrook, Diana, , Dr.,

Mailing Address 2500 North State Street

City
Jackson

State
MS

Zip Code
39216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Mississippi Medical Cent

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.66

Date of Receipt

08 / 25 / 2026

Transaction ID : SA11A.48332

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Anderson, Eric, , Dr.,

Mailing Address 5921 Bayview Circle South

City
Gulfport

State
FL

Zip Code
33707

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

08 / 25 / 2026

Transaction ID : SA11A.48377

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

C. Antonio, Aileen, , Dr.,

Mailing Address 245 Cherry St

City
Grand Rapids

State
MI

Zip Code
49503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Health

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 16 / 2026

Transaction ID : SA11A.48313

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.66

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

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

FOR LINE NUMBER: PAGE 7 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Bickel, Jennifer, , Dr.,

Mailing Address 5003 W Evelyn Drive

City
Tampa

State
FL

Zip Code
33609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MD Anderson

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

08 / 18 / 2026

Transaction ID : SA11A.48314

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Bruns, Marla, Beth, Dr.,

Mailing Address 2655 Ridgeway Ave

City
Rochester

State
NY

Zip Code
14626

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

08 / 06 / 2026

Transaction ID : SA11A.48303

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Busis, Neil, A., Dr.,

Mailing Address 222 East 41st St

City
New York

State
NY

Zip Code
10017

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 ▼

3333.28

Date of Receipt

08 / 22 / 2026

Transaction ID : SA11A.48323

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

578.66

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

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

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Cascino, Terrence, L., Dr.,

Mailing Address 245 Salem Point Dr SW

City
Rochester

State
MN

Zip Code
55902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 19 / 2026

Transaction ID : SA11A.48378

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Chin, Jerome, H., Dr.,

Mailing Address PO Box 1046

City
Tiburon

State
CA

Zip Code
94920

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 / 06 / 2026

Transaction ID : SA11A.48291

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Choe, Meeryo, , Dr.,

Mailing Address 10833 Le Conte Ave

City
Los Angeles

State
CA

Zip Code
90095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCLA Health

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

436.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48280

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Crowe, Jonathan, Reid, Dr.,

Mailing Address PO Box 800394

City
CharlottesvilleState
VAZip Code
22908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UVAOccupation (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 / 25 / 2026

Transaction ID : SA11A.48379

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Cutsforth-Gregory, Jeremy, K., Dr.,

Mailing Address 200 1st St

City
RochesterState
MNZip Code
55905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo ClinicOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : SA11A.48322

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Davis, Anthony, , Dr.,

Mailing Address 8 Pine Forest Drive

City
RussellvilleState
ARZip Code
72801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Davis Neurology PLLCOccupation (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 / 25 / 2026

Transaction ID : SA11A.48380

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

268.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. DeAndrea, G., A., Dr.,

Mailing Address 7189 Adobe Hills Ave

City
Las VegasState
NVZip Code
89113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
G A DeAndrea MDOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2026

Transaction ID : SA11A.48330

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Di Carlo-Garner, Rosanna, L., Dr.,

Mailing Address 2835 W DeLeon St

City
TampaState
FLZip Code
33609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vincent Di Carlo & AssociatesOccupation (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 / 06 / 2026

Transaction ID : SA11A.48284

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Eliashiv, Dawn, , Dr.,

Mailing Address 710 Westwood Plaza

City
Los AngelesState
CAZip Code
90095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (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 / 25 / 2026

Transaction ID : SA11A.48382

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

209.33

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

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

FOR LINE NUMBER: PAGE 11 OF 26
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Esper, Gregory, J., Dr.,

Mailing Address 1599 Clifton Road North East

City
Atlanta

State
GA

Zip Code
30322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory Healthcare

Occupation (for Individual)
Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11A.48281

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Friedman, Deborah, I., Dr.,

Mailing Address 12123 Edgestone Road

City
Dallas

State
TX

Zip Code
75230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yellow Rose Headache and Neuro-Ophthal

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11A.48285

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Greeley, David, R., Dr.,

Mailing Address 1520 W 3rd Ave

City
Spokane

State
WA

Zip Code
99201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Neurological, PLLC

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

672.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11A.48287

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

268.00

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

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

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Gurgenashvili, Khatuna, , Dr.,

Mailing Address 112 N 7th street

City
Chambersburg

State
PA

Zip Code
17201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wellspring Chambersburg Hospital

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 26 / 2026

Transaction ID : SA11A.48383

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Gwynn, Matthews, W., Dr.,

Mailing Address 990 Hammond Dr

City
Sandy Springs

State
GA

Zip Code
30328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlanta Neurology

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 26 / 2026

Transaction ID : SA11A.48335

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Holtz, Steven, J., Dr.,

Mailing Address 2009 TAMPA AVE

City
OAKLAND

State
CA

Zip Code
94611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCSF

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48384

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2700.00

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

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

FOR LINE NUMBER: PAGE 13 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Hutchins, John, , ,

Mailing Address 201 Chicago Ave

City
Minneapolis

State
MN

Zip Code
55415

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 ▼

800.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11A.48278

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Jeffries, Eric, M., Dr.,

Mailing Address 10813 Meadowhill Rd

City
Silver Spring

State
MD

Zip Code
20901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Neurology Center, PA

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2026

Transaction ID : SA11A.48329

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Jens, William, Kurtis, Dr.,

Mailing Address 1160 Manheim Pike

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State University, Milton S Hershe

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11A.48292

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

230.00

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

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

FOR LINE NUMBER: PAGE 14 OF 26
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Johnson, Nicholas, Elwood, Dr.,

Mailing Address 1101 E Marshall St

City
Richmond

State
VA

Zip Code
23298

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 / 06 / 2026

Transaction ID : SA11A.48307

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Jones, Lyell, K., Dr.,

Mailing Address 200 1st St SW

City
Rochester

State
MN

Zip Code
55905

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 ▼

672.00

Date of Receipt

08 / 23 / 2026

Transaction ID : SA11A.48387

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Jordan, Justin, T., Dr.,

Mailing Address 5323 Harry Hines Boulevard

City
Dallas

State
TX

Zip Code
75390

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 ▼

490.00

Date of Receipt

08 / 22 / 2026

Transaction ID : SA11A.48388

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

239.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 26
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
			☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Jozefowicz, Ralph, F., Dr.,

Mailing Address 601 Elmwood Ave

City
Rochester

State
NY

Zip Code
14642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 03 / 2026

Transaction ID : SA11A.48250

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kilgore, Shannon, M., Dr.,

Mailing Address 11 Doud Dr

City
Los Altos

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA Palo Alto

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48283

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

C. Kissela, Brett, M., Dr.,

Mailing Address 8701 West Watertown Plank Road

City
Wauwatosa

State
WI

Zip Code
53226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati College of Me

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1916.64

Date of Receipt

08 / 20 / 2026

Transaction ID : SA11A.48317

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

667.33

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

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

FOR LINE NUMBER: PAGE 16 OF 26
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Koenig, Matthew, A., Dr.,

Mailing Address 1301 Punchbowl St

City
Honolulu

State
HI

Zip Code
96813

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

08 / 06 / 2026

Transaction ID : SA11A.48300

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Kurland, Alan, H., Dr.,

Mailing Address 825 Washington Street

City
Norwood

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Steward Medical Group

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48286

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Merino, Jose, G., Dr.,

Mailing Address 3800 Reservoir Rd

City
Washington

State
DC

Zip Code
20007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Health

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 02 / 2026

Transaction ID : SA11A.48249

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.33

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

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

FOR LINE NUMBER: PAGE 17 OF 26
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Milstein, Mark, , Dr.,

Mailing Address 111 E 210th St

City
Bronx

State
NY

Zip Code
10467

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 ▼

1172.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48302

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Mohile, Nimish, A., Dr.,

Mailing Address 601 Elmwood Ave

City
Rochester

State
NY

Zip Code
14642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester Medical Center

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 25 / 2026

Transaction ID : SA11A.48389

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. Nadeau, Stephen, E., Dr.,

Mailing Address 2821 NW 23rd Drive

City
Gainesville

State
FL

Zip Code
32605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Malcom Randall VA Medical Center

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 10 / 2026

Transaction ID : SA11A.48310

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1484.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Patel, Anup, D., Dr.,

Mailing Address 700 Childrens Dr

City
ColumbusState
OHZip Code
43205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide Children's HospitalOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2026

Transaction ID : SA11A.48321

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Patel, Roshni, Nandu, Dr.,

Mailing Address 55 South Road

City
FarmingtonState
CTZip Code
06032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTEROF EXCELLENCE IN PAIN AND REGENEOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2026

Transaction ID : SA11A.48390

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Platzer, Meril, S., Dr.,

Mailing Address 6325 Topanga Canyon Blvd

City
Woodland HillsState
CAZip Code
91367FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dr. Meril S. PlatzerOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2026

Transaction ID : SA11A.48391

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

283.33

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Posas, Jose, H., Dr.,

Mailing Address PO Box 800394

City
CHARLOTTESVILLE

State
VA

Zip Code
22908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UVA Health

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.64

Date of Receipt

08 / 20 / 2026

Transaction ID : SA11A.48319

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Potts, Daniel, C., Dr.,

Mailing Address 3701 Loop Road

City
Tuscaloosa

State
AL

Zip Code
35404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tuscaloosa Veterans Affairs Medical Ce

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48296

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Prusinski, Christopher, , Dr.,

Mailing Address 1310 W Eau Gallie Blvd

City
Melbourne

State
FL

Zip Code
32935

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Christopher J Prusinski,DO,PA

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48299

Amount of Each Receipt this Period

209.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

342.33

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

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

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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Qazi, Faisal, M., Dr.,

Mailing Address 2895 N. Towne Ave

City
Pomona

State
CA

Zip Code
91767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Inland neurological consultants

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 20 / 2026

Transaction ID : SA11A.48315

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Reynolds, Wesley, D., Dr.,

Mailing Address 11750 W 2nd Pl

City
Lakewood

State
CO

Zip Code
80228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CommonSpirit

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48308

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Robbins, Matthew, S., Dr.,

Mailing Address 525 East 68th Street

City
New York

State
NY

Zip Code
10065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Weill Cornell Medicine

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48297

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

352.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Sico, Jason, J., Dr.,

Mailing Address 200 Edison Road

City
OrangeState
CTZip Code
06477FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Department of Veterans AffairsOccupation (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 / 27 / 2026

Transaction ID : SA11A.48393

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Song, Sarah, , Dr.,

Mailing Address 1725 W Harrison St

City
ChicagoState
ILZip Code
60612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUSH University Medical CenterOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026

Transaction ID : SA11A.48394

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Spindler, Meredith, , Dr.,

Mailing Address 330 S. 9th St.

City
PhiladelphiaState
PAZip Code
19107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of PennsylvaniaOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2026

Transaction ID : SA11A.48395

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

204.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Spindler, Meredith, , Dr.,

Mailing Address 330 S. 9th St.

City
Philadelphia

State
PA

Zip Code
19107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pennsylvania

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.64

Date of Receipt

08 / 21 / 2026

Transaction ID : SA11A.48320

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

B. Stavros, Kara, , Dr.,

Mailing Address 593 Eddy Street

City
Providence

State
RI

Zip Code
02903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brown Neurology

Occupation (for Individual)
Assistant Professor (Director QI)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48298

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Tanner, Caroline, M., Dr.,

Mailing Address 1651 Fourth Street

City
San Francisco

State
CA

Zip Code
94158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCSF

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 06 / 2026

Transaction ID : SA11A.48305

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

189.83

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

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

FOR LINE NUMBER: PAGE 23 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Thornton, James, B., Dr.,

Mailing Address 3900 Kresge Way

City
Louisville

State
KY

Zip Code
40207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baptist Health Medical Group Neurology

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 23 / 2026

Transaction ID : SA11A.48328

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Troxell, Regina, , Dr.,

Mailing Address 6160 Cornerstone Ct

City
San Diego

State
CA

Zip Code
92121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cortica

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

08 / 22 / 2026

Transaction ID : SA11A.48324

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

C. Van Fossen, Wendy, , Ms.,

Mailing Address 8555 16th Street

City
Silver Spring

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Neurology Center

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

766.64

Date of Receipt

08 / 10 / 2026

Transaction ID : SA11A.48309

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

229.16

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

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

FOR LINE NUMBER: PAGE 24 OF 26
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
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			☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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

A. Weathers, Allison, L., Dr.,

Mailing Address 8220 Woodberry Blvd

City
Chagrin Falls

State
OH

Zip Code
44023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
CMIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11A.48293

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Zieman, Glynnis, , Dr.,

Mailing Address 4035 Shadybrook Court

City
Granite Bay

State
CA

Zip Code
95746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Barrow Neurological Institute

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

MM / DD / YYYY
08 / 22 / 2026

Transaction ID : SA11A.48325

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C.

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

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

183.33

9353.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Full Name (Last, First, Middle Initial)

A. BICE FOR CONGRESS

Mailing Address PO BOX 21315

City
OKLAHOMA CITYState
OKZip Code
73156

Purpose of Disbursement

2026 General

011

Candidate Name

Bice, Stephanie, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: OK

District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	2	6	

FEC Identification Number

C C00703843

Transaction ID : SB23.2702

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROL FOR CONGRESSMailing Address 228 S. WASHINGTON STREET
SUITE 115City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

2026 General

011

Candidate Name

Miller, Carol, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: WV

District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	2	6	

FEC Identification Number

C C00653220

Transaction ID : SB23.2699

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DARREN SOTO FOR CONGRESS

Mailing Address PO BOX 421349

City
KISSIMMEEState
FLZip Code
34742

Purpose of Disbursement

2026 General

011

Candidate Name

Soto, Darren, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 09

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	2	6	

FEC Identification Number

C C00581074

Transaction ID : SB23.2700

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Full Name (Last, First, Middle Initial)

A. JAKE AUCHINCLOSS FOR CONGRESS

Mailing Address P.O. BOX 600698

City
NEWTONVILLEState
MAZip Code
02460

Purpose of Disbursement

2026 General

011

Candidate Name

Auchincloss, Jake, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2026

FEC Identification Number

C C00721449

Transaction ID : SB23.2701

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON LEADERSHIP FUNDMailing Address C/O 228 S. WASHINGTON ST.
STE. 115City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

2026 Contribution

011

Candidate Name

JOHNSON LEADERSHIP FUND

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2026

FEC Identification Number

C C00771246

Transaction ID : SB23.2698

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NICOLE FOR NEW YORK

Mailing Address PO BOX 60487

City
STATEN ISLANDState
NYZip Code
10306

Purpose of Disbursement

2026 General

011

Candidate Name

Malliotakis, Nicole, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2026

FEC Identification Number

C C00694778

Transaction ID : SB23.2697

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

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

13000.00