



**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="2018"/>		264505.25
(b) Cash on Hand at Beginning of Reporting Period.....	239894.33	
(c) Total Receipts (from Line 19) .....	13621.90	254770.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	253516.23	519276.23
7. Total Disbursements (from Line 31).....	67500.00	333260.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	186016.23	186016.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	11199.90	185034.80
(ii) Unitemized .....	2422.00	65236.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13621.90	250270.98
(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) .....	13621.90	250270.98
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	4500.00
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)).....▶	13621.90	254770.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13621.90	254770.98

**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.....	67500.00	333000.00
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	260.00
(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	260.00
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)) ..	67500.00	333260.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67500.00	333260.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13621.90	250270.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13621.90	250010.98
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 44
	<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	

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

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

**A. Camenga, David, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Water Street  
 City Rockland State ME Zip Code 04841-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 DAVID L CAMENGA MD Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 42352738**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Brandt, Derek, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 East West Hwy Apt 114  
 City Silver Spring State MD Zip Code 20910-6288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Academy of Neurology Congressional Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 42352741**  
 Amount of Each Receipt this Period 37.50  
 Memo Item

**C. Yochelson, Michael, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2813 W Roxboro Rd NE  
 City Atlanta State GA Zip Code 30324-2916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Shepherd Center Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 42360240**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	246.50
<b>TOTAL</b> 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 44
<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. Weathers, Allison, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8220 Woodberry Blvd

City Chagrin Falls	State OH	Zip Code 44023-4526
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2018

**Transaction ID : 42360242**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Zieman, Glynnis, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1858 W. Navarro Ave

City Mesa	State AZ	Zip Code 85202-7444
--------------	-------------	------------------------

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 ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2018

**Transaction ID : 42368169**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Perkins, Erik, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11660 Cypress Canyon Road

City San Diego	State CA	Zip Code 92131-3756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sharp-Rees-Stealy Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2018

**Transaction ID : 42422812**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> 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 44
<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. Etienne, Mill, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Coe Farm Road

City Montebello	State NY	Zip Code 10901-2908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Charity Health System	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2018

**Transaction ID : 42422813**

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
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

**Transaction ID : 42429600**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Cavalier, Steven, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3726 Ridgetop Dr

City Baton Rouge	State LA	Zip Code 70809-2637
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

**Transaction ID : 42444339**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	309.00
<b>TOTAL</b> 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 44
	<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. Jones, Lyell, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2055 Scenic View Lane SW  
 City Rochester State MN Zip Code 55902-2575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 42447392**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. 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 Specialty Clinic Occupation (for Individual) Behavioral Neurology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 42448751**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

**C. 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  
 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 ▼ 588.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 42448752**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.34
<b>TOTAL</b> 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 44
	<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. Johnson, Nicholas, Elwood, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4580 Marshall Run Circle  
Apt 108

City: Glen Allen    State: VA    Zip Code: 23059-5901

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 ▼: 700.00

Date of Receipt: 07 / 13 / 2018  
**Transaction ID : 42448753**

Amount of Each Receipt this Period: 100.00

Memo Item

**B. Smith, Marsha, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 Shenandoah Court

City: Portsmouth    State: OH    Zip Code: 45662-8660

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

Name of Employer (for Individual): Southern Ohio Medical Center    Occupation (for Individual): Neurologist

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 07 / 16 / 2018  
**Transaction ID : 42452275**

Amount of Each Receipt this Period: 100.00

Memo Item

**C. Rutecki, Paul, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 Highland Ave 7th Fl  
Neurology Dept

City: Madison    State: WI    Zip Code: 53705-2281

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

Name of Employer (for Individual): University of Wisconsin    Occupation (for Individual): Neurologist

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼: 294.00

Date of Receipt: 07 / 16 / 2018  
**Transaction ID : 42452276**

Amount of Each Receipt this Period: 42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.00
<b>TOTAL</b> 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 44
	<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. Barkley, Gregory, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2890 Burlington St

City Ann Arbor	State MI	Zip Code 48105-1435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : 42452277**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Chin, Jerome, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 248

City San Anselmo	State CA	Zip Code 94979-0248
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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 ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : 42452278**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Cascino, Terrence, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2931 Stone Park Dr NE

City Rochester	State MN	Zip Code 55906-7722
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2018

**Transaction ID : 42453483**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.00
<b>TOTAL</b> 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 44
	<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. Cutsforth-Gregory, Jeremy, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 728 9th Street SW

City Rochester	State MN	Zip Code 55902-6316
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

**Transaction ID : 42453484**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. 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
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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 ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

**Transaction ID : 42453485**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Lee, IkJae, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 Surrey Hill Ln

City Vestavia	State AL	Zip Code 35243-1729
------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Alabama Birmingham	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
07	/	17	/	2018

**Transaction ID : 42453487**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.00
<b>TOTAL</b> 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 44
	<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. Ichord, Rebecca, N., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2320 Pine ST  
 City Philadelphia State PA Zip Code 19103-6415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Perelman School of Medicine of the Uni Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2018  
**Transaction ID : 42463626**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Loftus, Brian, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 West Loop S Ste 330  
 City Bellaire State TX Zip Code 77401-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bellaire Neurology, PA Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 19 / 2018  
**Transaction ID : 42463631**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Clarke, Teryn, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 Mariners Dr  
 City Newport Beach State CA Zip Code 92660-4929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clarke Neurology Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 42464692**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	392.00
<b>TOTAL</b> 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 44
	<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. Absher, John, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Collins Creek Rd

City Greenville	State SC	Zip Code 29607-3727
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ. SC SOM, Greenville	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : 42464693**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. 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 ▼  
1590.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

**Transaction ID : 42466029**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Anderson, Wayne, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Beale St #402

City San Francisco	State CA	Zip Code 94105-4409
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

**Transaction ID : 42466030**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	301.00
<b>TOTAL</b> 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 44
	<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. 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
------------------	-------------	------------------------

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 ▼  
875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

**Transaction ID : 42466033**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Vargas, Bert, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12749 Wolf Snare Dr.

City Frisco	State TX	Zip Code 75035-7047
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Texas Southwestern Clini	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

**Transaction ID : 42466034**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Patton, Eddie, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 Solana Springs Drive

City Sugar Land	State TX	Zip Code 77479-5558
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Houston Methodist	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2018

**Transaction ID : 42466066**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<b>TOTAL</b> 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 44
	<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 ▼  
1463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2018

**Transaction ID : 42466067**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Henson, John, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4785 Kitty Hawk Drive

City Atlanta	State GA	Zip Code 30342-2506
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Healthcare, Inc.	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : 42466497**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Khan, Jaffar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 292 Riverford Way

City Lawrenceville	State GA	Zip Code 30043-6416
-----------------------	-------------	------------------------

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 ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : 42466498**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	343.00
<b>TOTAL</b> 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 44
	<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	<input type="checkbox"/> 17

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

**A. Cedarbaum, Jesse, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Old Barnabas Rd  
 City Woodbridge State CT Zip Code 06525-1923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Biogen Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 42466501**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Busis, Neil, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6934 Rosewood St  
 City Pittsburgh State PA Zip Code 15208-2639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPP Department of Neurology-Shadyside Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1946.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 42466502**  
 Amount of Each Receipt this Period 278.00  
 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  
 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 ▼ 294.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 42466503**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.00
<b>TOTAL</b> 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 44
	<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. Bickel, Jennifer, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3400 SW 22nd Street  
 City Blue Springs State MO Zip Code 64015-7617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Childrens Mercy Hospital Neurology Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 42466506**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 588.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 42466508**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Moschonas, Constantine, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8113 E Del Cuarzo Dr  
 City Scottsdale State AZ Zip Code 85258-2254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Four Peaks Neurology Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 07 / 24 / 2018  
**Transaction ID : 42467628**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	934.00
<b>TOTAL</b> 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 44
	<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)  
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**A. Song, Sarah, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2045 W. Concord Place, #405

City Chicago	State IL	Zip Code 60647-5481
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2018

**Transaction ID : 42467629**

Amount of Each Receipt this Period  
105.00

Memo Item

**B. Popwell, Richard, Earl, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 E. Fieldview Circle

City Bozeman	State MT	Zip Code 59715-7180
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bozeman Health Neurosciences	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2018

**Transaction ID : 42467630**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Ghacibeh, Georges, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 Birch St

City Englewood Cliffs	State NJ	Zip Code 07632-1519
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Progressive Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2018

**Transaction ID : 42467632**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	272.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<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. Genevieve, Mary, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1289 Manzanita Way

City San Luis Obispo	State CA	Zip Code 93401-7838
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Central Coast Neuro Medical Office, In	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : 42467636**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 111 E 88th St Apt 4F

City New York	State NY	Zip Code 10128-1158
------------------	-------------	------------------------

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : 42467638**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Gilmer, William, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 Dunstan Rd

City Houston	State TX	Zip Code 77005-2613
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : 42467641**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	219.00
<b>TOTAL</b> 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 21 OF 44
	<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. 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 ▼  
2917.18

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

**Transaction ID : 42467642**

Amount of Each Receipt this Period  
416.74

Memo Item

**B. Coffman, Keith, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4119 W. 94th Terrace

City Prairie Village	State KS	Zip Code 66207-2713
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Children'S Mercy Hospitals and Clinics	Occupation (for Individual) Self
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2018

**Transaction ID : 42474158**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Jobst, Barbara, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Sugar Maple Lane

City Hanover	State NH	Zip Code 03755-3408
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dartmouth-Hitchcock Med Ctr	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2018

**Transaction ID : 42474159**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.74
<b>TOTAL</b> 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 22 OF 44
	<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. Brashear, Allison, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Hadley Ct

City Winston Salem	State NC	Zip Code 27106-4489
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest University	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

**Transaction ID : 42474161**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Cha, Yoon-Hee, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4313 South Retana Avenue

City Broken Arrow	State OK	Zip Code 74011-1398
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Laureate Institute for Brain Research	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

**Transaction ID : 42474167**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Sanders, Amy, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4588 Cascades Drive

City Manlius	State NY	Zip Code 13104-2369
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SUNY - Upstate Medical University	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

**Transaction ID : 42474168**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	264.00
<b>TOTAL</b> 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 23 OF 44
<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. Govindarajan, Raghav, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5012 Clark Lane, Apt 204  
 City Columbia State MO Zip Code 65202-9973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Missouri Occupation (for Individual) Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 448.00

Date of Receipt 07 / 25 / 2018  
**Transaction ID : 42474170**  
 Amount of Each Receipt this Period 112.00  
 Memo Item

**B. 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 ▼ 540.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 42477705**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Prusinski, Christopher, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Lansing Island  
 City Indian Harbour Beach State FL Zip Code 32937-5354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Www.Neuro-Speed.com Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1404.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 42477706**  
 Amount of Each Receipt this Period 220.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	432.00
<b>TOTAL</b> 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 24 OF 44
	<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. Sermersheim, Michael, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1253 Eagle Crest Dr

City Greenwood	State IN	Zip Code 46143-8325
-------------------	-------------	------------------------

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

Name of Employer (for Individual) JWM Neurology	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : 42477707**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Cardenas, Javier, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4135 N. 33rd St.

City Phoenix	State AZ	Zip Code 85018-4724
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : 42477708**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Lowden, Max, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Scenic Ridge Drive

City Hummelstown	State PA	Zip Code 17036-6901
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn State Hershey Medical Center	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : 42477709**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	168.00
<b>TOTAL</b> 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 25 OF 44
	<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. Allison, Tyler, Jared, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9220 Larsen Dr  
 City Overland Park State KS Zip Code 66214-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Mercy Hospital Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 42477713**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Kopinski, Jason, , 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Academy of Neurology Occupation (for Individual) Deputy Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 42477714**  
 Amount of Each Receipt this Period 91.00  
 Memo Item

**C. Gao, Xiao-Ke, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Sheephill Road  
 City Riverside State CT Zip Code 06878-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 42477716**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> 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 26 OF 44
	<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. Beltran, Dario, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 Briarwood Ave Apt 303

City Midland	State TX	Zip Code 79707-2625
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Midland Memorial Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : 42477722**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. Richie, Bunnie, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9075 N 103rd PI

City Scottsdale	State AZ	Zip Code 85258-5701
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Bunnie F. Richie, DO, PLC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : 42477723**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Brandes, David, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Autumn Woods Drive

City Sweetwater	State TN	Zip Code 37874-6482
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hope Neurology	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : 42481946**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	229.00
<b>TOTAL</b> 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 27 OF 44
	<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. Villa, Kenneth, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4056 Saint James Pl  
 City San Diego State CA Zip Code 92103-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sharp Rees Stealy Medical Group Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 42481947**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Wiesman, Janice, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 E 38th Street Apt 14D  
 City New York State NY Zip Code 10016-2768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 42481948**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**C. Platzer, Meril, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28404 Foothill Drive  
 City Agoura Hills State CA Zip Code 91301-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dr. Meril S. Platzer Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 42481949**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 28 OF 44
	<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. Kissela, Brett, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9878 Zig Zag Road

City Montgomery	State OH	Zip Code 45242-6311
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Cincinnati Hospital	Occupation (for Individual) Neurologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : 42481952**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Schwarz, Heidi, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Gorham St

City Canandaigua	State NY	Zip Code 14424-1805
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

**Transaction ID : 42484993**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. 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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

**Transaction ID : 42484994**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.00
<b>TOTAL</b> 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 29 OF 44
	<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. Gamaldo, Charlene, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 N. Wolfe Street  
Meyer 6-113

City Baltimore	State MD	Zip Code 21287-0005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Johns Hopkins University	Occupation (for Individual) Neurologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

**Transaction ID : 42484997**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 3141 Neille Lane

City Twinsburg	State OH	Zip Code 44087-3808
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Children's Hospital Medical Center of	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

**Transaction ID : 42484998**

Amount of Each Receipt this Period  
225.00

Memo Item

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

Mailing Address 28 West National Blvd

City Ladys Island	State SC	Zip Code 29907-1768
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Specialists On Call	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2916.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

**Transaction ID : 42484999**

Amount of Each Receipt this Period  
416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	683.66
<b>TOTAL</b> 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 30 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jung Henson, Lily, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4785 Kitty Hawk Drive  
 City Atlanta State GA Zip Code 30342-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Henry Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2916.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2018  
**Transaction ID : 42485001**  
 Amount of Each Receipt this Period  
 416.66  
 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2018  
**Transaction ID : 42485003**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Olson, Sandra, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 E Walton Pl #6w  
 City Chicago State IL Zip Code 60611-1649  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2018  
**Transaction ID : 42508180**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1516.66
<b>TOTAL</b> 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 31 OF 44
	<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 ▼  
1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018

**Transaction ID : 42530399**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B. Olson, Sandra, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 E Walton Pl #6w

City Chicago State IL Zip Code 60611-1649

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2018

**Transaction ID : 42533018**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	11199.90

**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) <b>A. Brady For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address PO Box 8277		FEC Identification Number C00311043 <b>Transaction ID : 42446188</b>
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name <b>Brady, Kevin, Patrick, Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 08	

Full Name (Last, First, Middle Initial) <b>B. Vern Buchanan For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address P. O. Box 48928		FEC Identification Number C00412759 <b>Transaction ID : 42446189</b>
City Sarasota	State FL	Zip Code 34230
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name <b>Buchanan, Vern, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: FL	District: 16	

Full Name (Last, First, Middle Initial) <b>C. Carlos Curbelo Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address 8724 Sunset Dr #355		FEC Identification Number C00546846 <b>Transaction ID : 42446190</b>
City Miami	State FL	Zip Code 33173
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name <b>Curbelo, Carlos, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 26	

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

7000.00

**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**

Full Name (Last, First, Middle Initial) <b>A. Jeff Duncan For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address PO Box 845		FEC Identification Number C C00460550 <b>Transaction ID : 42446191</b>
City Laurens	State SC	Zip Code 29360
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Duncan, Jeff, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 03	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Lone Star Leadership PAC</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address 104 Hume Avenue		FEC Identification Number C <b>Transaction ID : 42446192</b>
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement Leadership PAC Contribution		Amount of Each Disbursement this Period 2500.00 Leadership PAC Contribution
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Mullin For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address PO Box 3681		FEC Identification Number C C00498345 <b>Transaction ID : 42446193</b>
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Mullin, Markwayne, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 02	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Larson For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address PO Box 261172		FEC Identification Number C00330142 <b>Transaction ID : 42446194</b>
City Hartford	State CT	Zip Code 06126
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name <b>Larson, John, B., Rep.,</b>		Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CT	District: 01	

Full Name (Last, First, Middle Initial) <b>B. McCaskill For Missouri</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address PO Box 300077		FEC Identification Number C00431304 <b>Transaction ID : 42446195</b>
City St Louis	State MO	Zip Code 63130
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name <b>McCaskill, Claire, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District:	

Full Name (Last, First, Middle Initial) <b>C. Blumenauer For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2018
Mailing Address 901 Se Oak Street Suite 105		FEC Identification Number C00307314 <b>Transaction ID : 42446196</b>
City Portland	State OR	Zip Code 97214
Purpose of Disbursement Campaign Contribution		Category/Type 011
Candidate Name <b>Blumenauer, Earl, , Rep.,</b>		Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 03	

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

5000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Tina Smith For Minnesota**

Mailing Address PO Box 14362

City  
Saint Paul

State  
MN

Zip Code  
55114

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Smith, Tina, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2018

FEC Identification Number

C C00663781

**Transaction ID : 42446197**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. First in Freedom PAC**

Mailing Address 824 S MILLEDGE AVE  
STE. 101

City  
Athens

State  
GA

Zip Code  
30605

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2018

FEC Identification Number

C C00540146

**Transaction ID : 42446198**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise Leadership Fund**

Mailing Address 317 15th Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2018

FEC Identification Number

C C00568162

**Transaction ID : 42455740**

Amount of Each Disbursement this Period

1500.00

Leadership PAC Contribution

Memo Item

**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. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement Campaign Contribution

011  
Category/Type

Candidate Name  
**Joyce, Dave, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2017  
 Primary  General  Other (specify) ▼  
State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2018

FEC Identification Number

C C00527457

**Transaction ID : 42455759**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Ralph Abraham For Congress**

Mailing Address P.O. Box 14062

City Monroe State LA Zip Code 71207

Purpose of Disbursement Campaign Contribution

011  
Category/Type

Candidate Name  
**Abraham, Ralph, , Rep., MD**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2018

FEC Identification Number

C C00563940

**Transaction ID : 42455760**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Rosa DeLauro**

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement Campaign Contribution

011  
Category/Type

Candidate Name  
**DeLauro, Rosa, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2018

FEC Identification Number

C C00238865

**Transaction ID : 42481357**

Amount of Each Disbursement this Period

2500.00

Campaign Contribution  
 Memo Item

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

6000.00

**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**

Full Name (Last, First, Middle Initial) <b>A. Buddy Carter For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address PO Box 10570		FEC Identification Number C00543967 <b>Transaction ID : 42481369</b>
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Carter, Buddy, , Rep.,</b>	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Yarmuth For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 1815 Brownsboro Road, Suite 101		FEC Identification Number C00419630 <b>Transaction ID : 42481379</b>
City Louisville	State KY	Zip Code 40206
Purpose of Disbursement Campaign Contribution	Category/Type 011	Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Candidate Name <b>Yarmuth, John, A., Rep.,</b>	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 03	

Full Name (Last, First, Middle Initial) <b>C. Bera For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address PO Box 582496		FEC Identification Number C00461061 <b>Transaction ID : 42481383</b>
City Elk Grove	State CA	Zip Code 95758
Purpose of Disbursement Campaign Contribution	Category/Type 011	Amount of Each Disbursement this Period 1500.00 Campaign Contribution
Candidate Name <b>Bera, Ami, , Rep., MD</b>	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 07	

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

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

6000.00

**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) <b>A. Terri Sewell For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address P.O. Box 1964		FEC Identification Number C C00458976 <b>Transaction ID : 42481387</b>
City Birmingham	State AL	Zip Code 35201
Purpose of Disbursement Campaign Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Sewell, Terri, A., Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AL	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Johnson For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address PO Box 906		FEC Identification Number C C00476820 <b>Transaction ID : 42481390</b>
City Marietta	State OH	Zip Code 45750
Purpose of Disbursement Campaign Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Candidate Name <b>Johnson, Bill, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Heller For Senate</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address PO Box 371907		FEC Identification Number C C00494229 <b>Transaction ID : 42481394</b>
City Las Vegas	State NV	Zip Code 89137
Purpose of Disbursement Campaign Contribution	Category/Type 011	Amount of Each Disbursement this Period 2500.00 Campaign Contribution
Candidate Name <b>Heller, Dean, , ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NV	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Portman For Senate Committee</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 9856 Archer Lane		FEC Identification Number C00458463 <b>Transaction ID : 42481395</b>
City Dublin	State OH	Zip Code 43017
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name <b>Portman, Rob, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District:	

Full Name (Last, First, Middle Initial) <b>B. Lance For Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address PO Box 999		FEC Identification Number C00444224 <b>Transaction ID : 42481396</b>
City Edison	State NJ	Zip Code 08818
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name <b>Lance, Leonard, , Rep.,</b>		Amount of Each Disbursement this Period 2000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) <b>C. Friends Of David Schweikert</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 228 S Washington Street Ste 115		FEC Identification Number C00540617 <b>Transaction ID : 42481397</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name <b>Schweikert, David, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial)

**A. IMPACT**

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Leadership PAC Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2018

FEC Identification Number

C [ ]

Transaction ID : 42481400

Amount of Each Disbursement this Period

[ ] 2500.00

Leadership PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Marsha For Senate**

Mailing Address 4916 Thoroughbred Ln

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Campaign Contribution

011

Category/Type

Candidate Name

**Blackburn, Marsha, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C C00376939

Transaction ID : 42482847

Amount of Each Disbursement this Period

[ ] 1500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement Campaign Contribution

011

Category/Type

Candidate Name

**Kelly, Mike, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C C00474189

Transaction ID : 42482848

Amount of Each Disbursement this Period

[ ] 2000.00

Campaign Contribution

Memo Item

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

[ ] 6000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Mooney For Congress 2016**

Mailing Address PO Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement Campaign Contribution

Category/Type

Candidate Name Mooney, Alex, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2017  
 Primary  General  Other (specify) ▼  
 State: WV District: 02

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2018

FEC Identification Number  
  
**Transaction ID : 42482850**  
 Amount of Each Disbursement this Period  
  
 Campaign Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. TENNPAC**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement Leadership PAC Contribution

Category/Type

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2018

FEC Identification Number  
  
**Transaction ID : 42482852**  
 Amount of Each Disbursement this Period  
  
 Leadership PAC Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Walorski For Congress Inc**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement Campaign Contribution

Category/Type

Candidate Name Walorski, Jackie, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2017  
 Primary  General  Other (specify) ▼  
 State: IN District: 02

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2018

FEC Identification Number  
  
**Transaction ID : 42482869**  
 Amount of Each Disbursement this Period  
  
 Campaign Contribution  
 Memo Item

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

**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**

Full Name (Last, First, Middle Initial)

**A. Darren Soto For Congress**

Mailing Address P.O. Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement Campaign Contribution

011

Category/Type

Candidate Name

**Soto, Darren, Michael, Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C C00581074

**Transaction ID : 42482930**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nutmeg PAC**

Mailing Address CACACE TUSCH & SANTAGATA  
777 SUMMER ST

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement Leadership PAC Contribution

011

Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C C00492983

**Transaction ID : 42482931**

Amount of Each Disbursement this Period

2500.00

Leadership PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cummings For Congress Campaign Committee**

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement Campaign Contribution

011

Category/Type

Candidate Name

**Cummings, Elijah, E., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2017  Primary  General  Other (specify) ▼

State: MD District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C C00310318

**Transaction ID : 42482932**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

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 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. McNerney For Congress**

Mailing Address P.O. Box 690371

City  
Stockton

State  
CA

Zip Code  
95269

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**McNerney, Jerry, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017

Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C00398644

**Transaction ID : 42482934**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pascrell For Congress**

Mailing Address Pob 100

City  
Teaneck

State  
NJ

Zip Code  
07666

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Pascrell, William, J., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017

Primary  General  
 Other (specify)

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C00313510

**Transaction ID : 42482936**

Amount of Each Disbursement this Period

1500.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City  
Wheat Ridge

State  
CO

Zip Code  
80033

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Perlmutter, Edwin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017

Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C00410639

**Transaction ID : 42482937**

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Memo Item

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

3500.00

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

67500.00