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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Dr. Francis X. Conidi
Mailing Address: 1288 NE Ocean Blvd
City: Stuart
State: FL
Zip Code: 34996-1525
FEC ID number of contributing federal political committee: C
Name of Employer: Florida Center for Headache & Sports N
Occupation: Neurologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 04 / 21 / 2015
Transaction ID : 38107478
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Dr. Briseida E. Feliciano-Astacio
Mailing Address: PO Box 8818
City: Caguas
State: PR
Zip Code: 00726-8818
FEC ID number of contributing federal political committee: C
Name of Employer: Neoera Medical
Occupation: Neurologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 04 / 21 / 2015
Transaction ID : 38107485
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Dr. Rut D. Dholakia
Mailing Address: 527 Country Club Drive
City: Stockbridge
State: GA
Zip Code: 30281-6346
FEC ID number of contributing federal political committee: C
Name of Employer: Kaiser Permanente
Occupation: Neurologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 04 / 21 / 2015
Transaction ID : 38107489
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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