

**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 42 |
| | <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. Dr. David L. Camenga
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Glenwood Ave
 City Augusta State ME Zip Code 04330-6906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Togus Veterans' Adm Med Ctr Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : 38790525
 Amount of Each Receipt this Period **125.00**

B. Dr. Brett M. Kissela
 Full Name (Last, First, Middle Initial)
 Mailing Address 9878 Zig Zag Road
 City Cincinnati State OH Zip Code 45242-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : 38790527
 Amount of Each Receipt this Period **250.00**

C. Dr. Bruce H. Cohen
 Full Name (Last, First, Middle Initial)
 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 Children's Hospital and Med. Center of Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : 38790528
 Amount of Each Receipt this Period **262.50**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 637.50 |
| TOTAL This Period (last page this line number only)..... | |