

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

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

FOR LINE NUMBER: PAGE 11 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

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

A. Milstein, Mark, , Dr.,

Mailing Address 111 E 88th St Apt 4F

City
New YorkState
NYZip Code
10128-1158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical CenterOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2019

Transaction ID : 43669137

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Johnson, Nicholas, Elwood, Dr.,

Mailing Address 11535 GREY OAKS ESTATES RUN

City
Glen AllenState
VAZip Code
23059-5924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth UniversityOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : 43674730

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Marsha, , Dr.,

Mailing Address 5988 Capeview Pl

City
MasonState
OHZip Code
45040-7505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverhills NeuroscienceOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2019

Transaction ID : 43686468

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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