

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

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

FOR LINE NUMBER: PAGE 28 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. Urion, David, K., Dr.,

Mailing Address 3 Pierce Hill Road

City
LincolnState
MAZip Code
01773-3201FEC 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 / D D / Y Y Y Y Y Y
07 / 28 / 2019

Transaction ID : 43741930

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 14107 LAKE FOREST LN

City
LOUISVILLEState
KYZip Code
40245-5214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baptist Medical GroupOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2019

Transaction ID : 43741933

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

Mailing Address 3647 Bayshore Blvd NE

City
Saint PetersburgState
FLZip Code
33703-5513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vincent Di Carlo & AssociatesOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2019

Transaction ID : 43741934

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

184.00