

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

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

FOR LINE NUMBER: PAGE 12 OF 40

(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 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 ▼

650.00

Date of Receipt

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

Transaction ID : 44171026

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Cutsforth-Gregory, Jeremy, K., Dr.,

Mailing Address 331 Wimbledon Hills Dr SW

City
Rochester

State
MN

Zip Code
55902-4134

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2019

Transaction ID : 44179561

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Johnson, Nicholas, Elwood, Dr.,

Mailing Address 11535 GREY OAKS ESTATES RUN

City
Glen Allen

State
VA

Zip Code
23059-5924

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2019

Transaction ID : 44215441

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

234.00

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