

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

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

FOR LINE NUMBER: PAGE 14 OF 52

(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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2019

Transaction ID : 44251125

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Stavros, Kara, , Dr.,Mailing Address 140 Pitman Street
Apt 105City
ProvidenceState
RIZip Code
02906-5120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rhode Island HospitalOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2019

Transaction ID : 44269017

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

Mailing Address 331 Wimbledon Hills Dr SW

City
RochesterState
MNZip Code
55902-4134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo ClinicOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : 44269034

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

334.00

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