

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 25

(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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : 44669854

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Barkley, Gregory, L., Dr.,

Mailing Address 2890 Burlington St

City
Ann ArborState
MIZip Code
48105-1435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford HospitalOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : 44669856

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Kilgore, Shannon, M., Dr.,

Mailing Address 11 Doud Dr

City
Los AltosState
CAZip Code
94022-2323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA Palo Alto HCSOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2020

Transaction ID : 44671060

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

284.00

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