

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 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. Finney, Glen, R., Dr.,

Mailing Address 828 Homestead Dr

City
Dallas

State
PA

Zip Code
18612-7227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Health

Occupation (for Individual)
Behavioral Neurology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2020

Transaction ID : 44679268

Amount of Each Receipt this Period

405.00

☐ Memo Item

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

B. Perkins, Erik, , Dr.,

Mailing Address 9930 Scripps Vista Way
Apt 151

City
San Diego

State
CA

Zip Code
92131-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sharp-Rees-Stealy Medical Group

Occupation (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 / 24 / 2020

Transaction ID : 44679269

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Sanders, Amy, E., Dr.,

Mailing Address 11 Wollmann Farms Road

City
Burlington

State
CT

Zip Code
06013-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ayer Neuroscience Institute

Occupation (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 / 25 / 2020

Transaction ID : 44679849

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

589.00