

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE  
(NEUROSURGERYPAC)

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

**A. Nanda, Anil, , ,**

Mailing Address 1501 Kings Hwy.

LSUHSC/Dept. of Neurosurgery

City

Shreveport

State

LA

Zip Code

71103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2019

Transaction ID : SA11AI.10546

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. O'Leary, Shaun, Thomas, ,**

Mailing Address 2650 Ridge ave

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2019

Transaction ID : SA11AI.10523

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. O'Toole, John, E, ,**

Mailing Address 1725 W Harrison St Ste 855

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Univ. of Illinois-Chicago/Neur

Occupation (for Individual)

Nuerosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2019

Transaction ID : SA11AI.10499

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00