

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

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

FOR LINE NUMBER: PAGE 16 OF 22

(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. Gilmer, William, S., Dr.,

Mailing Address 2323 Dunstan Rd

City
HoustonState
TXZip Code
77005-2613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Willam S Gilmer MD PAOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2020

Transaction ID : 44805027

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Ghacibeh, Georges, A., Dr.,

Mailing Address 630 Floyd St

City

Englewood Cliffs

State

NJ

Zip Code

07632-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Progressive NeurologyOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2020

Transaction ID : 44805029

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. 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 CenterOccupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2020

Transaction ID : 44805031

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

212.00