

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

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

FOR LINE NUMBER: PAGE 13 OF 42

(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. Barkley, Gregory, L., Dr.,**

Mailing Address 2890 Burlington St

City  
Ann Arbor

State  
MI

Zip Code  
48105-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Hospital

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2019

**Transaction ID : 44079645**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Cutsforth-Gregory, Jeremy, K., Dr.,**

Mailing Address 331 Wimbledon Hills Dr SW

City  
Rochester

State  
MN

Zip Code  
55902-4134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2019

**Transaction ID : 44083194**

Amount of Each Receipt this Period

84.00

☐ 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 Altos

State  
CA

Zip Code  
94022-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

VA Palo Alto HCS

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2019

**Transaction ID : 44083195**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

268.00