

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

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

FOR LINE NUMBER: PAGE 40 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. 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 Specialty Clinic

Occupation (for Individual)

Behavioral Neurology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1776.72

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 44222424

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Stavros, Kara, , Dr.,

Mailing Address 140 Pitman Street
Apt 105

City

Providence

State
RI

Zip Code
02906-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rhode Island Hospital

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 44222425

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Kissela, Brett, M., Dr.,

Mailing Address 9878 Zig Zag Drive

City

Montgomery

State
OH

Zip Code
45242-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati Hospital

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2115.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 44222426

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

85.00