

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

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

FOR LINE NUMBER: PAGE 9 OF 23

(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. Smith, Marsha, , Dr.,

Mailing Address 94 Shenandoah Court

City  
PortsmouthState  
OHZip Code  
45662-8660FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Ohio Medical CenterOccupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2019

Transaction ID : 43339675

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Barkley, Gregory, L., Dr.,

Mailing Address 2890 Burlington St

City  
Ann ArborState  
MIZip Code  
48105-1435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Henry Ford HospitalOccupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2019

Transaction ID : 43339676

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Evans, David, A., Mr.,

Mailing Address 6722 Deloache Ave

City  
DallasState  
TXZip Code  
75225-2509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas NeurologyOccupation (for Individual)  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2019

Transaction ID : 43339681

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

2700.00

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