

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

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

FOR LINE NUMBER: PAGE 25 OF 60

(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. Thyerlei, Dinah, , Dr.,

Mailing Address 5209 1st Ave NW

City  
SeattleState  
WAZip Code  
98107-2046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Everett ClinicOccupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2018

Transaction ID : 42965602

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Hirsch, Lawrence, J., Dr.,

Mailing Address 11 Tree Top Ter

City  
GreenwichState  
CTZip Code  
06831-4319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale University Comprehensive EpilepsyOccupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2018

Transaction ID : 42965633

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Buchhalter, Jeffrey, R., Dr.,

Mailing Address 13030 N. 17th Place

City  
PhoenixState  
AZZip Code  
85022-5070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mayo ClinicOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2018

Transaction ID : 42965643

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00