

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

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

FOR LINE NUMBER: PAGE 36 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. Hirsch, Lawrence, J., Dr.,

Mailing Address 11 Tree Top Ter

City
Greenwich

State
CT

Zip Code
06831-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Yale University Comprehensive Epilepsy

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2018

Transaction ID : 42973825

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

B. Coffman, Keith, , Dr.,

Mailing Address 4119 W. 94th Terrace

City

Prairie Village

State

KS

Zip Code

66207-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Children'S Mercy Hospitals and Clinics

Occupation (for Individual)

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2018

Transaction ID : 42973826

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Sanders, Amy, E., Dr.,

Mailing Address 11 Wollmann Farms Road

City

Burlington

State

CT

Zip Code

06013-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ayer Neuroscience Institute

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2018

Transaction ID : 42973827

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)..... ►

171.00