

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

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

FOR LINE NUMBER: PAGE 12 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

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

**A. Johnson, Nicholas, Elwood, Dr.,**

Mailing Address 11535 GREY OAKS ESTATES RUN

City  
Glen Allen

State  
VA

Zip Code  
23059-5924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Virginia Commonwealth University

Occupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2019

**Transaction ID : 43909696**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Smith, Marsha, , Dr.,**

Mailing Address 5988 Capeview PI

City  
Mason

State  
OH

Zip Code  
45040-7505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverhills Neuroscience

Occupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2019

**Transaction ID : 43916834**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2019

**Transaction ID : 43916835**

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)..... ►

300.00