

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Gamaldo, Charlene, , Dr.,

Mailing Address 7511 Morris Street

City
Fulton

State
MD

Zip Code
20759-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins University

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2019

Transaction ID : 44042657

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Thornton, James, B., Dr.,

Mailing Address 14107 LAKE FOREST LN

City

LOUISVILLE

State

KY

Zip Code

40245-5214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baptist Medical Group

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2019

Transaction ID : 44042659

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

c. Di Carlo-Garner, Rosanna, L., Dr.,

Mailing Address 3647 Bayshore Blvd NE

City

Saint Petersburg

State

FL

Zip Code

33703-5513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vincent Di Carlo & Associates

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2019

Transaction ID : 44042660

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

126.00