

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 19

(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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2020

Transaction ID : 44727637

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 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2020

Transaction ID : 44730051

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Marsha, , Dr.,

Mailing Address 5988 Capeview Pl

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2020

Transaction ID : 44730052

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