

# **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. Gilmer, William, S., Dr.,**

Mailing Address 2323 Dunstan Rd

City  
Houston

State  
TX

Zip Code  
77005-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willam S Gilmer MD PA

Occupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : 44743724**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Milstein, Mark, , Dr.,**

Mailing Address 111 E 88th St Apt 4F

City  
New York

State  
NY

Zip Code  
10128-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Medical Center

Occupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : 44743728**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Al-Khalili, Yasir, , Dr.,**

Mailing Address 2405 Carey Ln

City  
Vienna

State  
VA

Zip Code  
22181-5444

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 ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : 44743730**

Amount of Each Receipt this Period

91.00

☐ Memo Item

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

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

261.00