

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

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

FOR LINE NUMBER: PAGE 10 OF 36
(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. Benish, Sarah, M., Dr.,

Mailing Address 5949 Bradbury Court

City

Inver Grove Heights

State

MN

Zip Code

55076-1597

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Minnesota Physicians

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2019

Transaction ID : 43578470

Amount of Each Receipt this Period

250.00



Memo Item

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

B. Holtz, Steven, J., Dr.,

Mailing Address 2009 Tampa Avenue

City

Oakland

State

CA

Zip Code

94611-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Neurology Medical Group of Diablo Vall

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2019

Transaction ID : 43578571

Amount of Each Receipt this Period

100.00



Memo Item

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

C. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2019

Transaction ID : 43579982

Amount of Each Receipt this Period

50.00



Memo Item

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

400.00

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