

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

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

FOR LINE NUMBER: PAGE 11 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. Johnson, Nicholas, Elwood, Dr.,

Mailing Address 11535 GREY OAKS ESTATES RUN

City
Glen AllenState
VAZip Code
23059-5924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth UniversityOccupation (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
06 / 15 / 2019

Transaction ID : 43596692

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 94 Shenandoah Court

City
PortsmouthState
OHZip Code
45662-8660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Ohio Medical CenterOccupation (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
06 / 16 / 2019

Transaction ID : 43596722

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 ArborState
MIZip Code
48105-1435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford HospitalOccupation (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
06 / 16 / 2019

Transaction ID : 43596723

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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