

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

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

FOR LINE NUMBER: PAGE 12 OF 29

(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. Cutsforth-Gregory, Jeremy, K., Dr.,

Mailing Address 331 Wimbledon Hills Dr SW

City
RochesterState
MNZip Code
55902-4134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2019

Transaction ID : 43807819

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Callaghan, Maureen, A., Dr.,

Mailing Address 744 Mandee St. SE

City
LaceyState
WAZip Code
98513-7755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Franciscan Hospice and Palliative Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2019

Transaction ID : 43807820

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Finney, Glen, R., Dr.,

Mailing Address 828 Homestead Dr

City
DallasState
PAZip Code
18612-7227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Geisinger Specialty Clinic

Occupation (for Individual)

Behavioral Neurology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1766.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2019

Transaction ID : 43812349

Amount of Each Receipt this Period

208.34

☐ Memo Item

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

417.34

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