

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

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

FOR LINE NUMBER: PAGE 28 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. Thornton, James, B., Dr.,

Mailing Address 14107 LAKE FOREST LN

City  
LOUISVILLEState  
KYZip Code  
40245-5214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baptist Medical Group

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

Transaction ID : 43823450

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Di Carlo-Garner, Rosanna, L., Dr.,

Mailing Address 3647 Bayshore Blvd NE

City  
Saint PetersburgState  
FLZip Code  
33703-5513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vincent Di Carlo &amp; Associates

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

Transaction ID : 43823451

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Smith, Jonathan, K., Dr.,

Mailing Address 354 Compton Hills Dr

City  
WyomingState  
OHZip Code  
45215-4118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UC Depart of Neurology &amp; Rehabilitatio

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

Transaction ID : 43824048

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

126.00

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