

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

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

FOR LINE NUMBER: PAGE 21 OF 47

(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. Naguszewski, William, K., Dr.,

Mailing Address 3 Vinings Dr SE

City
Rome

State
GA

Zip Code
30161-6250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coosa Medical Group

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2019

Transaction ID : 43410351

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Wechsler, Lawrence, R., Dr.,

Mailing Address 5565 Northumberland Street

City
Pittsburgh

State
PA

Zip Code
15217-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh Sch of Med

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2019

Transaction ID : 43410354

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

C. Naguszewski, William, K., Dr.,

Mailing Address 3 Vinings Dr SE

City
Rome

State
GA

Zip Code
30161-6250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coosa Medical Group

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2019

Transaction ID : 43410357

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00