

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 47

☒ 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. Finney, Glen, R., Dr.,

Mailing Address 828 Homestead Dr

City
Dallas

State
PA

Zip Code
18612-7227

FEC 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 ▼

933.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2019

Transaction ID : 43428480

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Johnson, Nicholas, Elwood, Dr.,

Mailing Address 11535 GREY OAKS ESTATES RUN

City
Glen Allen

State
VA

Zip Code
23059-5924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth University

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
05 / 15 / 2019

Transaction ID : 43438123

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Marsha, , Dr.,

Mailing Address 94 Shenandoah Court

City
Portsmouth

State
OH

Zip Code
45662-8660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Ohio Medical Center

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
05 / 16 / 2019

Transaction ID : 43442573

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00