

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 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. Nist, Laura, , Dr.,

Mailing Address 26042 Reynolds St

City
Loma Linda

State
CA

Zip Code
92354-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loma Linda University School of Medici

Occupation (for Individual)
Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2019

Transaction ID : 43442574

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Barkley, Gregory, L., Dr.,

Mailing Address 2890 Burlington St

City
Ann Arbor

State
MI

Zip Code
48105-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Hospital

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
05 / 16 / 2019

Transaction ID : 43442575

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Garland, Erich, W., Dr.,

Mailing Address 5843 E Middle Fork Rd

City
Idaho Falls

State
ID

Zip Code
83406-8329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Idaho Falls Neurology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2019

Transaction ID : 43442699

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1350.00

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