

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

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

FOR LINE NUMBER: PAGE 31 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. Kitchell, Michael, J., Dr.,

Mailing Address 4114 Edgewater Drive

City  
AmesState  
IAZip Code  
50010-4192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Mcfarland ClinicOccupation (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 / 17 / 2019

Transaction ID : 43444716

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Rensel, Mary, R., Dr.,

Mailing Address 16 Chelsea Ct

City  
Chagrin FallsState  
OHZip Code  
44022-4102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland ClinicOccupation (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 / 19 / 2019

Transaction ID : 43460395

Amount of Each Receipt this Period

250.00

☐ 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 ClinicOccupation (for Individual)  
Behavioral Neurology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1141.70

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 20 / 2019

Transaction ID : 43460421

Amount of Each Receipt this Period

208.34

☐ Memo Item

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

708.34

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