

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 47
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Gamaldo, Charlene, , Dr.,

Mailing Address 7511 Morris Street

City
FultonState
MDZip Code
20759-2307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins UniversityOccupation (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
05	28	2019

Transaction ID : 43470878

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. 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 GroupOccupation (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
05	28	2019

Transaction ID : 43470880

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

c. 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 & AssociatesOccupation (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
05	28	2019

Transaction ID : 43470881

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).....▶