

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 94  
(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 Dermatology Association Political Action Committee (SkinPAC)**

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

**A. Mathur, Renee, J., ,**

Mailing Address 6 Windy Dr

City  
ShavertownState  
PAZip Code  
18708-9329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Geisinger DermatologyOccupation (for Individual)  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.64

Date of Receipt

M M	D D	Y Y Y Y
03	01	2019

**Transaction ID : 1171BB25B86A171135A**

Amount of Each Receipt this Period

25.64

☐ Memo Item

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

**B. McBurney, Elizabeth, I., ,**

Mailing Address 1400 Myrtle Pl

City  
LafayetteState  
LAZip Code  
70506-2536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dermasurgery CenterOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
03	08	2019

**Transaction ID : 5CF4915CF0801EAA663**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. McDonald, Michel, A., ,**

Mailing Address 319 Lynnwood Blvd

City  
NashvilleState  
TNZip Code  
37205-2928FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (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
03	01	2019

**Transaction ID : 4FFBEF80C1E421B152C**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1275.64

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