

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Green, Lawrence, J., ,

Mailing Address 9601 Blackwell Rd
Ste 260

City
Rockville

State
MD

Zip Code
20850-6487

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2020

Transaction ID : E3F1ED61-1374-453B-

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

B. Gross, Alexander, S., ,

Mailing Address 1050 Spalding Club Ct

City

Dunwoody

State

GA

Zip Code

30338-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Georgia Dermatology Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

MM / DD / YYYY
01 / 23 / 2020

Transaction ID : 47AF913B7E2E1EAFB8D2

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

C. Haven, Lynne, Marie, ,

Mailing Address 11 Sherwood Farm Ln

City

Greenwich

State

CT

Zip Code

06831-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenwich Medical Building

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 30 / 2020

Transaction ID : 3002F12E-F465-45EF-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1966.66