

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

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

FOR LINE NUMBER: PAGE 16 OF 93

(check only one)

☒ 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. Burnett, Mark, , ,

Mailing Address 5211 Kirk Dr

City

Santa Barbara

State

CA

Zip Code

93111-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Santa Barbara Skin Institute

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2019

Transaction ID : 17A71395511B8148CD5

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Burns, Carrine, A., ,

Mailing Address 91 Lower Flying Point Rd

City

Freeport

State

ME

Zip Code

04032-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bates Mill Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2019

Transaction ID : F75A9687445F6C2E7F9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Byrd, David, Roger, ,

Mailing Address 3760 Duke Rd

City

Oakland

State

MI

Zip Code

48363-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rochester Skin Cancer Center

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2019

Transaction ID : 9FE42C6B46E95C3E81F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00