

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 33
(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. Bergfeld, Wilma, Fowler, ,

Mailing Address 38100 Jackson Rd

City

Moreland Hills

State

OH

Zip Code

44022-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2020

Transaction ID : 8419FE3F51DC1473D76

Amount of Each Receipt this Period

250.01

☐ Memo Item

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

B. Bock, Gerald, Neil, ,Mailing Address 1617 Saint Marks Plz
Ste C

City

Stockton

State

CA

Zip Code

95207-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

California Skin Laser Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2020

Transaction ID : 0B6E1284B7DF7DE4844

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. 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
☐ Other (specify)

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2020

Transaction ID : 57C78637574693C0759

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

1350.01

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