

# **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. Bassett, Katrina, , ,**

Mailing Address 9535 128th Ave NE

City  
Kirkland

State  
WA

Zip Code  
98033-5955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Sound Dermatology

Occupation (for Individual)  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 21 / 2020

**Transaction ID : 669FAFE804A0DB0AE04**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Bennett, Daniel, D., ,**

Mailing Address 1119 Van Buren St

City  
Madison

State  
WI

Zip Code  
53711-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Wisconsin School of Medi

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
02 / 09 / 2020

**Transaction ID : 628B9329-A27B-4FB9-**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**C. Bennion, Scott, D., ,**

Mailing Address 2800 Garden Creek Rd

City  
Casper

State  
WY

Zip Code  
82601-6600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Wyoming Skin Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2020

**Transaction ID : D0E821D0B34DAF7C38C**

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

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

2450.00