

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

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

FOR LINE NUMBER: PAGE 46 OF 78

(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. Richardson, Tim, F., ,

Mailing Address 36867 Cook St
Ste 101

City
Palm Desert

State
CA

Zip Code
92211-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mirage Dermatology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2020

Transaction ID : E49A17B4-BE7C-4E94-

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

B. Ridge, Jennifer, M., ,

Mailing Address 1 Gardner Pl

City
Middletown

State
OH

Zip Code
45042-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2020

Transaction ID : 302229F88C6F39D87BC

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Roberts, Heather, Joy, ,

Mailing Address 11500 W Olympic Blvd
Ste 480

City
Los Angeles

State
CA

Zip Code
90064-1678

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heather J Roberts, MD, A Medical Corpo

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2020

Transaction ID : FBC7A834-10B6-4BC3-

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

1700.00