

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. McDonald, Michel, A., ,

Mailing Address 319 Lynnwood Blvd

City
Nashville

State
TN

Zip Code
37205-2928

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 ▼

1050.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2019

Transaction ID : 4500E2C49958F645770

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Menkes, Andrew, B., ,

Mailing Address 2490 Hospital Dr
Ste 201

City
Mountain View

State
CA

Zip Code
94040-4124

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 ▼

1500.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2019

Transaction ID : 46F234B2-BF9F-4623-

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

C. Metcalf, Sara, K., ,

Mailing Address 1329 S Sangre Rd

City
Stillwater

State
OK

Zip Code
74074-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metcalf Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2019

Transaction ID : C317C8A2-E367-4017-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1800.00