

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. Cohen, Julia, H., ,

Mailing Address 504 Brookview Ln

City
Havertown

State
PA

Zip Code
19083-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bryn Mawr Skin & Cancer Institute

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2018

Transaction ID : 17A9BACCA9F0F920DFF

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Coldiron, Brett, M., ,

Mailing Address 1105 River Hill Dr

City
Covington

State
KY

Zip Code
41011-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Skin Cancer Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2018

Transaction ID : AD2C9C327334C34ABD6

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Collins, Scott, Andrew Buckta, ,

Mailing Address 10215 SW Hall Blvd
Ste A

City
Tigard

State
OR

Zip Code
97223-8809

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2018

Transaction ID : 9F0D7F73-BD43-42B0-

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)..... ►

6500.00