

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

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

FOR LINE NUMBER: PAGE 26 OF 80

(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. Goldberg, Howard, S., ,

Mailing Address 9 Goodwins Ct
Apt 6

City
Marblehead

State
MA

Zip Code
01945-3583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician-Dermatologist

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 / 14 / 2019

Transaction ID : F6BA35E5EF0C65D3EBC

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Goldenberg, Kristina, , ,

Mailing Address 245 E 87th St
Apt 10F

City
New York

State
NY

Zip Code
10128-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Hospital

Occupation (for Individual)
Dermatologist

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 / 28 / 2019

Transaction ID : A0FC96CC9DF94186CF6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Goldstein, Beth, G., ,

Mailing Address 104 Ukiah Ln

City
Chapel Hill

State
NC

Zip Code
27514-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Dermatology Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2019

Transaction ID : 5FF2BFB68A138B7A9A4

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1900.00