

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

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

FOR LINE NUMBER: PAGE 37 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. Koranda, Frank, Custer, ,

Mailing Address 11705 Pawnee Ln

City
Leawood

State
KS

Zip Code
66211-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2019

Transaction ID : 6566BAC5BDF47F39DB8

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Kourosh, Arianne, Shadi, ,

Mailing Address 4 Emerson Pl
Apt 910

City
Boston

State
MA

Zip Code
02114-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Massachusetts General Hospital

Occupation (for Individual)
Dermatology Resident

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 / 28 / 2019

Transaction ID : BF4A6B78AAB4698D2ED

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kowalski, David, C., ,

Mailing Address 1734 Westbrook Ave

City
Burlington

State
NC

Zip Code
27215-8721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alamance Skin Center

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2019

Transaction ID : E1C85F21-1932-4B25-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

2300.00