

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 22
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 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. Anderson, Reagan, , ,

Mailing Address 2746 Cathedral Rock Vw

City
Colorado SpringsState
COZip Code
80904-4741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RMOPTI/Colorado Dermatology InstituteOccupation (for Individual)
Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 10 | | 2018 |

Transaction ID : 78E32DF1-A26C-4F99-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Barrett, Barbara, , ,

Mailing Address 109 Nut Bush Rd W

City
GreensboroState
NCZip Code
27410-5521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2018 |

Transaction ID : 2F848BF7EE7C59224C0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bernardi, Diane, M., ,

Mailing Address 6204 Chase Creek Run

City
Fort WayneState
INZip Code
46804-8703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fort Wayne Dermatology ConsultantsOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2018 |

Transaction ID : 274B9DDD-3A4B-4741-

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1000.00

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