

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Gilman, Jordana, S., ,**Mailing Address 2425 L St NW  
Apt 321City  
WashingtonState  
DCZip Code  
20037-2421FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2019

**Transaction ID : 47CBAD7F-6481-44EF-**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Green, Lawrence, J., ,**Mailing Address 9601 Blackwell Rd  
Ste 260City  
RockvilleState  
MDZip Code  
20850-6487FEC 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 ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2019

**Transaction ID : B0D9928D-9E82-4C10-**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

**C. Gross, Alexander, S., ,**

Mailing Address 1050 Spalding Club Ct

City  
DunwoodyState  
GAZip Code  
30338-2623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Georgia Dermatology Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2019

**Transaction ID : 4848A31441528F217DA1**

Amount of Each Receipt this Period

416.66

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

1966.66

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