

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. Holloway, Kathryn, B., ,

Mailing Address 3233 SW 33rd Rd
Ste 101

City
Ocala

State
FL

Zip Code
34474-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ocala Dermatology

Occupation (for Individual)
Physician

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
01 / 30 / 2019

Transaction ID : 413A0666-F627-43F7-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Horton, Sharon, L., ,

Mailing Address 1049 E Wilson St
Ste 190

City
Batavia

State
IL

Zip Code
60510-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Dermatology

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
01 / 29 / 2019

Transaction ID : 05C7446B-D6D0-4145-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Hruza, George, J., ,

Mailing Address 1001 Chesterfield Pkwy E
Ste 101

City
Chesterfield

State
MO

Zip Code
63017-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Laser and Dermatologic Surgery 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
01 / 18 / 2019

Transaction ID : BB658A1B-5183-4B6C-

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

6300.00