

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

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

FOR LINE NUMBER: PAGE 12 OF 31
(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. Gasch, Bernard, Andreas, ,

Mailing Address 2642 NW Beuhla Vista Ter

City
Portland

State
OR

Zip Code
97210-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center for Dermatology and Laser Surge

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 03 / 2020

Transaction ID : 4413A78B-2166-4C7E-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gross, Alexander, S., ,

Mailing Address 1050 Spalding Club Ct

City
Dunwoody

State
GA

Zip Code
30338-2623

FEC 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 ▼

1249.98

Date of Receipt

03 / 23 / 2020

Transaction ID : 4A91AF1CF926A524DB6B

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

C. Harvey, David, T., ,

Mailing Address 205 Diamond Pt

City
Fayetteville

State
GA

Zip Code
30215-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dermatology Institute For Skin Cancer

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

887.82

Date of Receipt

03 / 01 / 2020

Transaction ID : 45229EEF28E6AD9C173F

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

791.66