



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="94125.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="94125.67"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36666.98"/>	<input type="text" value="36666.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="130792.65"/>	<input type="text" value="130792.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64127.39"/>	<input type="text" value="64127.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="66665.26"/>	<input type="text" value="66665.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33188.65	33188.65
(ii) Unitemized .....	3478.33	3478.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36666.98	36666.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36666.98	36666.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	36666.98	36666.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36666.98	36666.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	627.39	627.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	627.39	627.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	63500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64127.39	64127.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64127.39	64127.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36666.98	36666.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36666.98	36666.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	627.39	627.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	627.39	627.39

**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)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

**A. Bruce A. Brod**  
Full Name (Last, First, Middle Initial)  
Mailing Address 831 Robert Dean Dr  
City Downingtown State PA Zip Code 19335-4464  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 05 / 2015  
**Transaction ID : F7BFA39FDDDB88F75FA6**  
Amount of Each Receipt this Period 1000.00

**B. Robert T. Brodell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Chadwyck Pl  
City Madison State MS Zip Code 39110-6508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Mississippi Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2015  
**Transaction ID : 9CD3B63B393BF00FC7D**  
Amount of Each Receipt this Period 1000.00

**C. David F. Butler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3627 Fall Creek Ln  
City Temple State TX Zip Code 76504-2113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Central Texas Veterans Healthcare Syst Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 01 / 29 / 2015  
**Transaction ID : FB0BB34E-6373-4D9D-**  
Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)**

**A. John A. Carucci**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 1st Ave  
Ste 7H

City New York State NY Zip Code 10016-6402

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU Occupation Dermatologist/ Mohs Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 28 / 2015  
**Transaction ID : A69994BF-6C18-48A5-**

Amount of Each Receipt this Period  
500.00

**B. Clay J. Cockerell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4312 Arcady Ave

City Dallas State TX Zip Code 75205-3704

FEC ID number of contributing federal political committee. **C**

Name of Employer Cockerell Dermatopathology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
01 / 09 / 2015  
**Transaction ID : 24E2BFFAC90E132BAE4**

Amount of Each Receipt this Period  
416.66

**C. Brett M. Coldiron**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 River Hill Dr

City Covington State KY Zip Code 41011-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer The Skin Cancer Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
01 / 20 / 2015  
**Transaction ID : EAE05227BB9244A5C2D**

Amount of Each Receipt this Period  
416.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.32

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

**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)	PAGE 8 OF 19
<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)**

**A. Natalie M. Curcio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2806 W Kirkwood Ave  
City Nashville State TN Zip Code 37204-2608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Curcio Dermatology, P.C. Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 251.00

Date of Receipt 01 / 26 / 2015  
Transaction ID : 5B3B2454-D48D-4F07-  
Amount of Each Receipt this Period 251.00

**B. Mark Dawkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22800 Cedar Ridge Rd  
City Edmond State OK Zip Code 73025-9457  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 06 / 2015  
Transaction ID : DA8CD3759B850824F43  
Amount of Each Receipt this Period 500.00

**C. Bruce A. Deitchman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 635 Madison Ave FI 3  
City New York State NY Zip Code 10022-1009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 280.00

Date of Receipt 01 / 24 / 2015  
Transaction ID : 74FF71A7-6442-47A4-  
Amount of Each Receipt this Period 280.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1031.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 9 OF 19
<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)**

**A. James Q. Del Rosso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8644 Castle Hill Ave  
 City Las Vegas State NV Zip Code 89129-7645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Vegas Skin and Cancer Clinics Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 28 / 2015**  
**Transaction ID : AD0C2B611B208CB3566**  
 Amount of Each Receipt this Period **5000.00**

**B. Mark Stephen Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2981 Riverside Ave  
 City Jacksonville State FL Zip Code 32205-8128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 03 / 2015**  
**Transaction ID : 77E3145A-ABF7-4A11-**  
 Amount of Each Receipt this Period **500.00**

**C. Lisa A. Garner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1830 Eastern Hills Dr  
 City Garland State TX Zip Code 75043-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 05 / 2015**  
**Transaction ID : 729F4648F40F3901C4C**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **6500.00**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial)  
**A. Lawrence J. Green**

Mailing Address 7820 Mary Cassatt Dr

City Potomac State MD Zip Code 20854-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
01 / 20 / 2015  
Transaction ID : **9C1A49C70569FE72590**

Amount of Each Receipt this Period  
1250.00

Full Name (Last, First, Middle Initial)  
**B. Michael J. Huether**

Mailing Address 5980 N La Cholla Blvd

City Tucson State AZ Zip Code 85741-3535

FEC ID number of contributing federal political committee. **C**

Name of Employer Arizona Skin Cancer Surgery Center  
Occupation Arizona Skin Cancer Surgery Center PC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
01 / 26 / 2015  
Transaction ID : **3E2AEF99-8047-4D32-**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Mark D. Kaufmann**

Mailing Address 21 E 90th St

City New York State NY Zip Code 10128-0654

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  
01 / 02 / 2015  
Transaction ID : **BEC2A5CF-AEA6-4FA6-**

Amount of Each Receipt this Period  
1001.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7251.00

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

**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)	PAGE 11 OF 19
<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)**

**A. Hazle Smith Konerding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Cyril Ln  
City Richmond State VA Zip Code 23229-7740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Commonwealth Dermatology PC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.67

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015  
**Transaction ID : 12265735D46C32FF2E6**  
Amount of Each Receipt this Period  
416.67

**B. Margaret Ann Kopchick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 274 Big A Rd  
City Toccoa State GA Zip Code 30577-6002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Toccoa Clinic Medical Associates Occupation Dermatologist  
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  
01 / 13 / 2015  
**Transaction ID : A6BD54FD-F4F9-4450-**  
Amount of Each Receipt this Period  
500.00

**C. Frank Custer Koranda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4314 Homestead Cir  
City Prairie Village State KS Zip Code 66208-1570  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Dermatologist  
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 / 31 / 2015  
**Transaction ID : 91FA9495-2B38-49E1-**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1916.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A. Mark Lebowhl</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 <b>Transaction ID : 72A9060BF3AB39A6C0F</b>
Mailing Address 300 E 85th St Apt 2505		Amount of Each Receipt this Period 416.67
City New York	State NY	Zip Code 10028-4641
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Lebowhl</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2015 <b>Transaction ID : 2DEB216A-8B53-49B2-</b>
Mailing Address 5 E 98th St FI 5		Amount of Each Receipt this Period 4583.33
City New York	State NY	Zip Code 10029-6501
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Barry Leshin</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : 85D995AF-6CA2-4327-</b>
Mailing Address 1450 Professional Park Dr Ste 150		Amount of Each Receipt this Period 1160.00
City Winston Salem	State NC	Zip Code 27103-1307
FEC ID number of contributing federal political committee. C		
Name of Employer The Skin Surgery Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

**A. Mollie A. MacCormack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Mall Rd  
 Department of Dermatology  
 City Burlington State MA Zip Code 01805-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lahey Clinic Occupation Dermatologist  
 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  
 01 / 27 / 2015  
**Transaction ID : 98716C08-61FF-4B74-**  
 Amount of Each Receipt this Period  
 250.00

**B. Craig Williams Naugle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3808 S Greystone Ct  
 City Springfield State MO Zip Code 65804-6561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ozarks Dermatology Specialists Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : 2872D661-0524-4885-**  
 Amount of Each Receipt this Period  
 2500.00

**C. Elise Olsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Carolina Forest Rd  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept of Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : 17370355C5BF84F8725**  
 Amount of Each Receipt this Period  
 280.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3030.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)**

**A. Ronald Todd Plott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12469 Timberland Blvd  
 Ste 501  
 City Fort Worth State TX Zip Code 76244-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology Alliance - Keller Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2015  
**Transaction ID : 2591A6EE-231A-46D7-**  
 Amount of Each Receipt this Period  
**250.00**

**B. Jack S. Resneck Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 H St  
 City San Rafael State CA Zip Code 94901-1729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSF Department of Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015  
**Transaction ID : 0B64F06A-1B11-466A-**  
 Amount of Each Receipt this Period  
**275.00**

**C. Sarah K. Short Sarbacker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4950 S Minnesota Ave  
 City Sioux Falls State SD Zip Code 57108-2864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation 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 / 05 / 2015  
**Transaction ID : DFFD5936-0AFF-462E-**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **825.00**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 15 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

**A. Kathryn Schwarzenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 930 Madison Ave  
 Department of Dermatology, Ste 840  
 City Memphis State TN Zip Code 38103-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Tennessee Health Science Ctr, Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : 3714D44B-5238-441C-**  
 Amount of Each Receipt this Period **1000.00**

**B. Daniel M. Siegel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Hitherbrook Rd  
 City Saint James State NY Zip Code 11780-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Long Island Skin Cancer And Dermatolog Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.66**

Date of Receipt **01 / 09 / 2015**  
**Transaction ID : D624ECF7D285EF6F6E9**  
 Amount of Each Receipt this Period **416.66**

**C. Charles B. Stoer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4525 SW 13th Street  
 City Gainesville State FL Zip Code 32608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 09 / 2015**  
**Transaction ID : 22054C67C7A2D9B8BEA**  
 Amount of Each Receipt this Period **400.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1816.66**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 16 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)**

**A. Jenine Lucille Tanabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 G St  
 Ste 204  
 City Marysville State CA Zip Code 95901-5669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : D738001C-81A2-4734-**  
 Amount of Each Receipt this Period  
 600.00

**B. Michael D. Tharp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 N Lake Shore Dr  
 Apt 2011  
 City Chicago State IL Zip Code 60611-3061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush Univ Medical Center  
 Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : 934DD7FC8207214A73F**  
 Amount of Each Receipt this Period  
 375.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33188.65

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

### A. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
VS/MC Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	5		2	0	1	5		

Transaction ID : VF4C5971EC823CFD416F

Amount of Each Disbursement this Period

6	2	7	.	3	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	2	7	.	3	9
---	---	---	---	---	---

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

6	2	7	.	3	9
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

Transaction ID : 3B1B41EEB777EDAF409

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

Transaction ID : 452FFAB633471BD6E21

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
**Democratic Senatorial Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

Transaction ID : 74F9865301FA8E1F479

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

32500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : 9B05FB44849B567E576**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**NRCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : 21DEA32D1DACF3BAB73**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. Nrsc**

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Nrsc**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : A5ACFC890271B9FE6B8**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

31000.00
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**TOTAL** This Period (last page this line number only)..... ▶

63500.00
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