

**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 54
	<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. Neil Alan Fenske**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3615 S Beach Dr  
City Tampa State FL Zip Code 33629-8222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ South Florida College of Medicine Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : C6EE2A97555ECB6B087**  
Amount of Each Receipt this Period 500.00

**B. Eric M. Finley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 219 Sena Dr  
City Metairie State LA Zip Code 70005-3341  
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 ▼ 250.00

Date of Receipt 03 / 22 / 2015  
**Transaction ID : CF71181CF73D8782CD1**  
Amount of Each Receipt this Period 250.00

**C. Frederick S. Fish III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5408 Larada Ln  
City Edina State MN Zip Code 55436-1025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Associated Skin Care Spec Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : 0D6DB74CFA46D88A0E4**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶