



**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"/>	<input type="text" value="94125.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="148267.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9691.90"/>	<input type="text" value="579990.88"/>
(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="157959.84"/>	<input type="text" value="674116.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6669.04"/>	<input type="text" value="522825.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="151290.80"/>	<input type="text" value="151290.80"/>
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).....	8895.99	538962.73
(ii) Unitemized .....	795.91	38528.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9691.90	577490.88
(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) .....	9691.90	577490.88
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	2500.00
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))..... ▶	9691.90	579990.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9691.90	579990.88

**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 .....	669.04	13825.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	669.04	13825.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	491500.00
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	2500.03
(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	2500.03
29. Other Disbursements .....	0.00	15000.00
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)) ..	6669.04	522825.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6669.04	522825.75

**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) .....	9691.90	577490.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9691.90	574990.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	669.04	13825.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	669.04	13825.72

**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 17
<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

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. Brock A. Andersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5016 Sarah Ct  
 City Fruitland State ID Zip Code 83619-3813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Snake River Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : 73B850BE754B9C1491B**  
 Amount of Each Receipt this Period 50.00

**B. Clarence William Brown Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 W Goethe St  
 City Chicago State IL Zip Code 60610-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 800.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : D6C97797E363EEAA758**  
 Amount of Each Receipt this Period 100.00

**C. C. Drew Claudel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 Riverside Dr  
 City Old Hickory State TN Zip Code 37138-3148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rivergate Dermatology, PLLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : 4FFBB8E979C581742635**  
 Amount of Each Receipt this Period 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 7 OF 17
<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. 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 ▼ 3333.28

Date of Receipt 08 / 17 / 2015  
Transaction ID : 01BD914A837F5973763  
Amount of Each Receipt this Period 416.66

**B. 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 ▼ 3333.28

Date of Receipt 08 / 17 / 2015  
Transaction ID : 29FFBD3CA566931E760  
Amount of Each Receipt this Period 416.66

**C. Daniel W. Collison**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Pleasant St  
City Hanover State NH Zip Code 03755-2008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RiverRun Medical Offices Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 11 / 2015  
Transaction ID : 1B67667CDCFB36B891F  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2833.32  
**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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Andrew Cowan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1283 Beechwood Blvd  
 City Pittsburgh State PA Zip Code 15206-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BHS Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : 9E53756D6A8EC29A702**  
 Amount of Each Receipt this Period **200.00**

**B. Seemal Desai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5425 W Spring Creek Pkwy Ste 265  
 City Plano State TX Zip Code 75024-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Innovative Dermatology, PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1001.00**

Date of Receipt **08 / 04 / 2015**  
**Transaction ID : 021279E1-DE74-47C2-**  
 Amount of Each Receipt this Period **1001.00**

**C. Scott Goffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Kalliste HI  
 City Great Barrington State MA Zip Code 01230-1182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology Center in the Berkshires Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 13 / 2015**  
**Transaction ID : 4A0EB8A64790F807BCD0**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1251.00</b>
<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 9 OF 17
<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. Barbara Greenan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9418 Balfour Drive  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy Of Dermatology Occupation Association Management  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : 75817F1F2A2ECEB2D8F**  
 Amount of Each Receipt this Period **45.00**

**B. David T. Harvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Kellsworth Way  
 City Tyrone State GA Zip Code 30290-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical & Cosmetic Dermatology, PC Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.36**

Date of Receipt **08 / 11 / 2015**  
**Transaction ID : 4FE38A40A3BF2A407140**  
 Amount of Each Receipt this Period **41.67**

**C. Yolanda Rosi Helfrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 Pittsview Dr  
 City Ann Arbor State MI Zip Code 48108-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Michigan, Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 03 / 2015**  
**Transaction ID : 4B3781FE89A2FD59DD3D**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>136.67</b>
<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 10 OF 17
<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. Molly A. Hinshaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 4671 Signature Dr

City Middleton State WI Zip Code 53562-2364

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

Name of Employer: Dermopath Diagnostics Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 21 / 2015  
**Transaction ID : CB78818B7B1501979F0**

Amount of Each Receipt this Period: 1000.00

**B. Brian Horvath**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Fort Couch Rd Ste 203

City Pittsburgh State PA Zip Code 15241-1030

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

Name of Employer: Horvath Dermatology Associates Occupation: Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt: 08 / 24 / 2015  
**Transaction ID : EE1259A0-BB29-41C4-**

Amount of Each Receipt this Period: 250.00

**C. Erum Naseem Ilyas**  
Full Name (Last, First, Middle Initial)

Mailing Address 860 1st Ave Metropolitan Business Center, Ste

City King Of Prussia State PA Zip Code 19406-4033

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

Name of Employer: Montgomery Dermatology LLC Occupation: Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 22 / 2015  
**Transaction ID : 862DD321-F82B-4D97-**

Amount of Each Receipt this Period: 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 11 OF 17
	<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. Helen Y. Kim-James**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Chesterfield Business Pkwy  
Ste 110

City Chesterfield State MO Zip Code 63005-1271

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

Name of Employer Chesterfield Valley Dermatology, PC Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 07 / 2015**

**Transaction ID : 46D9943AC464E6F02FB5**

Amount of Each Receipt this Period **50.00**

**B. 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 ▼ **3333.36**

Date of Receipt **08 / 17 / 2015**

**Transaction ID : 07E10C226DB07545678**

Amount of Each Receipt this Period **416.67**

**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 ▼ **1250.00**

Date of Receipt **08 / 21 / 2015**

**Transaction ID : 87667EFDFFA3A4B2FE4**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **716.67**

**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 12 OF 17
	<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. Craig A. Kornreich**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Fairbanks Blvd

City Woodbury State NY Zip Code 11797-2619

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 08 / 27 / 2015  
**Transaction ID : 482BA7F7319C615602D2**

Amount of Each Receipt this Period 50.00

**B. Elizabeth Shannon Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 861 Tulip Poplar Dr

City Hoover State AL Zip Code 35244-1639

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

Name of Employer Pure Dermatology & Aesthetics, PC Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : 44A8714EFF0A4A7A82F**

Amount of Each Receipt this Period 100.00

**C. Alvin Henry Meyer Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Stonewall Jackson Ct.

City Nashville State TN Zip Code 37220

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 08 / 17 / 2015  
**Transaction ID : 029D9DC1189BC7C3397**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00

**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 13 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Christine Poblete-Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37827 Briar Lakes Dr  
 City Avon State OH Zip Code 44011-2190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic Foundation Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : B27DCCA803AFB575B61**  
 Amount of Each Receipt this Period **100.00**

**B. Kelley Pagliai Redbord**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2720 N St NW  
 City Washington State DC Zip Code 20007-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology and Dermatologic Surgery G Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 18 / 2015**  
**Transaction ID : C9EF98C5-8E6F-4092-**  
 Amount of Each Receipt this Period **300.00**

**C. 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 **3333.28**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : 773490E120B836146E3**  
 Amount of Each Receipt this Period **416.66**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>816.66</b>
<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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name (Last, First, Middle Initial)  
**Claudia P. Taylor**

Mailing Address 01225 SW Mary Failing Dr

City Portland	State OR	Zip Code 97219-8347
------------------	-------------	------------------------

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

Name of Employer Dermatology Professionals	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015

**Transaction ID : 4C388FF93967C225ADF6**

Amount of Each Receipt this Period  
41.67

**B.** 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

**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).....▶	41.67
<b>TOTAL</b> This Period (last page this line number only).....▶	8895.99

**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. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Amex Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : VA50471DCAC73A3F9589

Amount of Each Disbursement this Period

115.49

Full Name (Last, First, Middle Initial)

**B. 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

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : VA534C64852F991DD37D

Amount of Each Disbursement this Period

553.55

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

MM / DD / YYYY

Amount of Each Disbursement this Period

669.04

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

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

669.04

**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. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Joseph Crowley**

Office Sought:  House  
 Senate  
 President  
State: NY District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 90F672AFBB7F2207DB6**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Kurt Schrader**

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 707AEEADE627E761340**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Lynn Michelle Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : E0FD551EAC417F22A81**

Amount of Each Disbursement this Period

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

**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. Pallone for Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

**Transaction ID : A0A8C61086CBDD4E185**

Amount of Each Disbursement this Period

2500.00
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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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00
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6000.00
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