

**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="2013"/>		204940.53
(b) Cash on Hand at Beginning of Reporting Period.....	278744.37	
(c) Total Receipts (from Line 19)	22616.99	540585.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	301361.36	745526.44
7. Total Disbursements (from Line 31).....	31067.84	475232.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	270293.52	270293.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	19065.00	481665.00
(ii) Unitemized	3551.99	51420.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22616.99	533085.91
(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)	22616.99	533085.91
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	7500.00
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))..... ▶	22616.99	540585.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22616.99	540585.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	567.84	11432.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	567.84	11432.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	463000.00
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	800.00
(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	800.00
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)) ..	31067.84	475232.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31067.84	475232.92

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)	22616.99	533085.91
34. Total Contribution Refunds (from Line 28(d))	0.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22616.99	532285.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	567.84	11432.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	567.84	11432.92

**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 26
<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. Gina Charlene Ang
Full Name (Last, First, Middle Initial)

Mailing Address 810 Pinecrest Ave SE

City Grand Rapids State MI Zip Code 49506-3435

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 10 / 23 / 2013
Transaction ID : 949C344992ADF0E32EF

Amount of Each Receipt this Period 250.00

B. Michael E. Berman
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Johnson St

City Key West State FL Zip Code 33040-4930

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 ▼ 500.00

Date of Receipt 10 / 10 / 2013
Transaction ID : F622A3E2C666882F42B

Amount of Each Receipt this Period 500.00

C. Ronald Ralph Brancaccio
Full Name (Last, First, Middle Initial)

Mailing Address 67 Perry St

City New York State NY Zip Code 10014-3245

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

Name of Employer Occupation The Skin Institute of New York Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 08 / 2013
Transaction ID : FA92D0C9783A3A40B0D

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).....	

**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 26
	<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. Clarence William Brown Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 W Superior St
 City Chicago State IL Zip Code 60654-8764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 10 / 2013**
Transaction ID : A058948E8792511FB68
 Amount of Each Receipt this Period **100.00**

B. Cheryl M. Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 M St. NW
 City Washington State DC Zip Code 20037-1495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Dermatology and Dermatologi Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 01 / 2013**
Transaction ID : 5460CDB6FD994B6BA90
 Amount of Each Receipt this Period **500.00**

C. Jeffrey Phillip Callen
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 E Broadway School of Medicine - Divide of Der
 City Louisville State KY Zip Code 40202-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Louisville Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2250.00**

Date of Receipt **10 / 11 / 2013**
Transaction ID : C47DCF09-6B61-4C8E-
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1600.00**
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 8 OF 26
	<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. Carmen David Campanelli
Full Name (Last, First, Middle Initial)
Mailing Address 14 Shadow Ln
City Chadds Ford State PA Zip Code 19317-9334
FEC ID number of contributing federal political committee. **C**
Name of Employer Yardley Dermatology Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 10 / 2013
Transaction ID : F538886A2ECCDE78513
Amount of Each Receipt this Period 365.00

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 ▼ 1500.00

Date of Receipt 10 / 10 / 2013
Transaction ID : A879DA4FC18253B7EDE
Amount of Each Receipt this Period 500.00

c. Jack B. Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 1403 Rainbow St
City Southlake State TX Zip Code 76092-8863
FEC ID number of contributing federal political committee. **C**
Name of Employer Keller Dermatology, PA Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2013
Transaction ID : E8A9C6FA5D1FE209B7B
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00
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: PAGE 9 OF 26
(check only one)
 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 (Last, First, Middle Initial)
A. Brett M. Coldiron

Mailing Address 1105 River Hill Dr

City State Zip Code
Covington KY 41011-1123

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

Name of Employer Occupation
The Skin Cancer Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2013
Transaction ID : 6281857E002DCF384C9

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Linda M. Cooke

Mailing Address 8795 County Road 418

City State Zip Code
Hannibal MO 63401-6878

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

Name of Employer Occupation
Riverside Dermatology Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2013
Transaction ID : C1741D2695DD6D07ED4

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
c. Jeffrey S. Dover

Mailing Address 1244 Boylston St
Ste 302

City State Zip Code
Chestnut Hill MA 02467-2115

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

Name of Employer Occupation
SkinCare Physicians Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013
Transaction ID : 97C13CCC-2554-472F-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 26
	<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. Patrick Robert Feehan
Full Name (Last, First, Middle Initial)

Mailing Address 584 Northlawn Dr

City Lancaster State PA Zip Code 17603-2381

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 10 / 01 / 2013
Transaction ID : 9159E58C9BE0204AD20

Amount of Each Receipt this Period 500.00

B. Howard S. Goldberg
Full Name (Last, First, Middle Initial)

Mailing Address 990 Paradise Rd

City Swampscott State MA Zip Code 01907-1395

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 ▼ 750.00

Date of Receipt 10 / 03 / 2013
Transaction ID : BE297B25-7A43-4173-

Amount of Each Receipt this Period 500.00

C. 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 ▼ 315.00

Date of Receipt 10 / 10 / 2013
Transaction ID : C716244555DDB0EA1B5

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional).....▶	1045.00
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 26
	<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. Scott T. Guenther		Date of Receipt
Mailing Address 1100 Southfield Dr Ste 1240		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Plainfield	State IN	Zip Code 46168-4499
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A0654679-63C3-4A32-
Name of Employer The Dermatology Center of Indiana, PC		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Carl A. Johnson		Date of Receipt
Mailing Address 2610 Blossom St		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Columbia	State SC	Zip Code 29205-2308
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16A6E775F4E37F3875A
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Christine Ko		Date of Receipt
Mailing Address 25 Randy Rd		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Milford	State CT	Zip Code 06461-2106
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A1E16EC75636C5FF119
Name of Employer Yale Univ School of Medicine, Dermatol		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1515.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 26
	<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. 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 Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2013

Transaction ID : 08EC3FB8F41B5C6BB0D

Amount of Each Receipt this Period
 500.00

B. Stuart S. Leicht
Full Name (Last, First, Middle Initial)

Mailing Address 272 Lake Meadow Dr

City Johnson City State TN Zip Code 37615-4081

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

Name of Employer ETSU Physicians and Associates Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : 29C4A6982C93E783530

Amount of Each Receipt this Period
 1000.00

C. Joshua M. Levin
Full Name (Last, First, Middle Initial)

Mailing Address 5281 Aberdene St

City Center Valley State PA Zip Code 18034-9550

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

Name of Employer Advanced Dermatology Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2013

Transaction ID : 88207BE6-81CB-43E7-

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 26
	<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. Barbara L. Lukash
Full Name (Last, First, Middle Initial)

Mailing Address 11 Richbell Rd

City Scarsdale State NY Zip Code 10583-4436

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
10 / 01 / 2013
Transaction ID : **A67AFE7455C747C701E**

Amount of Each Receipt this Period
250.00

B. Linda Susan Marcus
Full Name (Last, First, Middle Initial)

Mailing Address 436 William Way N

City Wyckoff State NJ Zip Code 07481-1710

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 ▼
500.00

Date of Receipt
10 / 07 / 2013
Transaction ID : **D2F4984B2A686040724**

Amount of Each Receipt this Period
249.00

C. Leslie A. Mark
Full Name (Last, First, Middle Initial)

Mailing Address 4319 Conner Ct

City San Diego State CA Zip Code 92117-4305

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

Name of Employer Skin Surgery Medical Group
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 08 / 2013
Transaction ID : **33F34B72E0B3980C294**

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 799.00

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 14 OF 26
	<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. Victor James Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 524
 City Riverside State PA Zip Code 17868-0524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 16 / 2013**
Transaction ID : 2BA9C6B3E9057438670
 Amount of Each Receipt this Period **250.00**

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 **1000.00**

Date of Receipt **10 / 10 / 2013**
Transaction ID : C29028FC2515222B2E7
 Amount of Each Receipt this Period **100.00**

c. Charity Foster McConnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 Granny White Pike
 City Brentwood State TN Zip Code 37027-5754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Dermatology Group, PLC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 10 / 2013**
Transaction ID : 5FBEF4A6AC75C6B796C
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 26
	<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. Alvin Henry Meyer Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5651 First Blvd
Suite 509

City Hermitage State TN Zip Code 37076-2059

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 ▼
500.00

Date of Receipt
10 / 29 / 2013
Transaction ID : CABF8044CF088CE9735

Amount of Each Receipt this Period
500.00

B. Jeffrey Keith Moore
Full Name (Last, First, Middle Initial)

Mailing Address 421 Chestnut St

City Evansville State IN Zip Code 47713-1227

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

Name of Employer Deaconess Clinic
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
10 / 18 / 2013
Transaction ID : 8D9D09C2-8DB6-488F-

Amount of Each Receipt this Period
251.00

C. Eileen Murray
Full Name (Last, First, Middle Initial)

Mailing Address 400 N La Salle Dr
Apt 2601

City Chicago State IL Zip Code 60654-8530

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 ▼
1000.00

Date of Receipt
10 / 10 / 2013
Transaction ID : 4EFDB5704CE9CC8E1D6

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1001.00
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 16 OF 26
	<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. Victor Allen Neel
Full Name (Last, First, Middle Initial)
Mailing Address 52 Paterson St
City Providence State RI Zip Code 02906-5540
FEC ID number of contributing federal political committee. **C**
Name of Employer Massachusetts General Hospital Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2013**
Transaction ID : F36F5B4417198C774FC
Amount of Each Receipt this Period **500.00**

B. Stephen C. Papenfuss
Full Name (Last, First, Middle Initial)
Mailing Address 14044 White Deer Ln
City Omaha State NE Zip Code 68112-3640
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 16 / 2013**
Transaction ID : 19A93A705A5451C07AB
Amount of Each Receipt this Period **365.00**

C. 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 **1200.00**

Date of Receipt **10 / 10 / 2013**
Transaction ID : FFF13134734F868350C
Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **1065.00**
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 17 OF 26
	<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. Babar K. Rao
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38th St
Apt 12E

City New York State NY Zip Code 10016-2767

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

Name of Employer UMDNJ-Robert Wood Johnson Medl School Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 16 / 2013
Transaction ID : C4539859F57EF0292FC

Amount of Each Receipt this Period
500.00

B. Karen A. Sherwood
Full Name (Last, First, Middle Initial)

Mailing Address 1346 Foothill Blvd
Ste 203

City La Canada State CA Zip Code 91011-2141

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

Name of Employer Dermatologist Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 13 / 2013
Transaction ID : C6ED5CCD-2D02-411D-

Amount of Each Receipt this Period
1000.00

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 ▼
4750.00

Date of Receipt
10 / 10 / 2013
Transaction ID : 15E51D9487CB0072287

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 19 OF 26
<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 R. Sturm
 Full Name (Last, First, Middle Initial)
 Mailing Address 5255 E Stop 11 Rd
 Ste 310
 City Indianapolis State IN Zip Code 46237-6341
 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 **250.00**

Date of Receipt: 10 / 13 / 2013
Transaction ID : CA0C620E-1351-45A3-
 Amount of Each Receipt this Period: **250.00**

B. Sabra Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 Hidden Oaks Dr
 City Ridgeland State MS Zip Code 39157-7000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Dermatology Associates, LLC Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 10 / 10 / 2013
Transaction ID : 3A90F7DF7B3704C1BAC
 Amount of Each Receipt this Period: **100.00**

C. Robert Swerlick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2233 Street Deville NE
 City Atlanta State GA Zip Code 30345-3448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Emory University School of Medicine Occupation: Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt: 10 / 24 / 2013
Transaction ID : 5AD83C8AE76234E9800
 Amount of Each Receipt this Period: **350.00**

SUBTOTAL of Receipts This Page (optional)..... **700.00**
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: PAGE 20 OF 26
(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)

A. Full Name (Last, First, Middle Initial)
Jonathan S. Weiss

Mailing Address 2383 Pate St N

City Snellville State GA Zip Code 30078-3250

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

Name of Employer Gwinnett Dermatology, PC Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2013

Transaction ID : **4EF33E02-C549-4F61-**

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	19065.00

**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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V2C62A16EFE493B2DC82

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VD3595044D6853F8972C

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

/ /

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. Common Values PAC

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Common Values PAC

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2013

Transaction ID : 987842D494B929B74BF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2013

Transaction ID : 2A0ADF89B558AD6DA59

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Rosa DeLauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Rosa L. DeLauro

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2013

Transaction ID : 25E7376F1114FBDC982

Amount of Each Disbursement this Period

1500.00

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

4000.00

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. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Holding Onto Oregon's Priorities

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

Transaction ID : B5D70943A3EE9F52745

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2013			

Transaction ID : 49AC94CA8DD10183D3E

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Making America Prosperous PAC

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2013			

Transaction ID : 1AAFF486EE041A34BCB

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

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**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. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mark Lunsford Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

Transaction ID : 2B905838A912D93C983

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

Transaction ID : B70A9F00BD046C742EF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City Washington State DC Zip Code 20035-5314

Purpose of Disbursement
2013 Contribution

011

Candidate Name

The Committee for the Preservation of Capitalism

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

Transaction ID : CAAE99FA67240FD516A

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**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. To Organize a Majority PAC (TOMPAC)

Mailing Address PO Box 752

City Des Moines State IA Zip Code 50303

Purpose of Disbursement
2013 Contribution

011

Candidate Name

To Organize a Majority PAC (TOMPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 7D98BE239E1582E9777

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Victory in November Election PAC (VINEPAC)

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Victory in November Election PAC (VINEPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 4C9C4888038FDEF21C4

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Contribution**

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)..... ▶

7500.00

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

30500.00